



THE  
ANNUAL REPORT  
ON THE  
HEALTH of the COUNTY BOROUGH  
and PORT OF GRIMSBY

For the Year Ending 31st December, 1937,

BY

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Medical Officer of Health for the County Borough and Port of Grimsby.

Medical Officer to the Education, Public Assistance and  
Mental Deficiency Committees.

Medical Superintendent of the Corporation Hospitals,  
Administrative Tuberculosis Officer  
and School Medical Officer.

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GRIMSBY:

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**HEALTH COMMITTEE.**

(56 members).

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CHAIRMAN :—ALDERMAN J. H. TATE, J.P.

DEPUTY-CHAIRMAN :—COUNCILLOR C. E. FRANKLIN, J.P.

## SUB-COMMITTEES OF THE HEALTH COMMITTEE.

*Chairman.*

Hospitals and Tuberculosis Joint ..	Councillor C. E. FRANKLIN, J.P.
Venereal Diseases .. .. .. ..	Councillor C. H. WILKINSON, J.P.
Port Health .. .. .. .. ..	Councillor C. CANNING.
Sanitary .. .. .. .. ..	Councillor J. W. LANCASTER.
Tuberculosis Care .. .. ..	Councillor C. E. FRANKLIN, J.P. (with 16 co-opted members)

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## SPECIAL COMMITTEES.

Maternity and Child Welfare (22 members)—Alderman F. THORNTON, J.P.  
(with 11 co-opted lady members).Care of Mental Defectives (18 members)—Alderman J. H. TATE, J.P.  
(with 3 co-opted lady members).

## LOCAL ACTS, ADOPTIVE ACTS, BYE-LAWS, AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock, &c.) Act, 1929.
- The Grimsby Corporation Act, 1937.

### ADOPTIVE ACTS.

- The Public Health Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Parts II., IV., VI. and X.)
- The Public Health Act, 1925—(Sections 13 to 33 and 35 of Part II.)
- Local Government and Other Officers Superannuation Act, 1922.

### BYE LAWS.

- Common Lodging Houses, 1892.
- Slaughterhouses, 1892.
- Offensive Trades, 1892.
- Public Bathing, 1892.
- Nuisances, 1892, 1898, 1901, and 1923.
- Houses-let-in-Lodgings, 1903.
- Water Closets—under Section 157 of P.H.A., 1875, and Section 23 of P.H.A.A.A., 1890.
- Section 23 of Municipal Corporations Act, 1882.
- Employment of Children, 1922.
- New Streets and Buildings, 1925, and 1937.
- Premises where Food is prepared or cooked, 1926.
- Tents, Vans, Sheds and similar structures, 1926.
- Conduct of persons waiting in streets to enter public Vehicles, 1930.
- Smoke Abatement, 1936.
- Nursing Homes, 1938.

### LOCAL REGULATIONS.

- Grimsby Port Sanitary Authority Regulations.

## **STAFF OF THE HEALTH DEPARTMENT.**

The Staff of the Public Health Department on the 31st December, 1937, was as follows :—

**MEDICAL STAFF—(a) Whole-time :—**

J. A. KERR, B.Sc., M.D., D.P.H., *Medical Officer of Health, School Medical Officer, Medical Officer under the Mental Deficiency Acts and Medical Inspector of Aliens.*

J. M. VINE, M.B., B.S., D.P.H., *Deputy Medical Officer of Health, Clinical Tuberculosis Officer and Medical Inspector of Aliens.*

JANET W. HEPBURN, M.B., Ch.B., D.P.H., *Senior Assistant Medical Officer, Maternity and Child Welfare.*

RACHEL HALPERIN, M.B., B.S., D.P.H., *Assistant Medical Officer, Maternity and Child Welfare, and Assistant School Medical Officer.*

W. G. SOUTHEY, M.B., B.S., D.P.H., *Assistant School Medical Officer.*

D. J. CAMPBELL, F.R.C.P.E., D.P.H., L.D.S., *Venereal Diseases Medical Officer.*

G. P. M. MARSHALL, F.R.C.P.E., D.P.H., *Resident Medical Officer, Corporation Hospital.* (Resigned 1-5-1937).

J. D. BRYAN, M.B., Ch.B., D.P.H., *Resident Medical Officer, Corporation Hospital.* (Appointed 1-7-1937 ; Resigned 20-12-1937).

R. W. B. GRIEG, M.B., Ch.B., *Resident Medical Officer, Corporation Hospital.* (Appointed 1-5-1938).

**(b) Part-time :—**

S. W. SWINDELLS, M.B., Ch.B., *Medical Officer, Scartho Road Institution.*

A. HARRIS, M.B., Ch.B., *District Medical Officer, No. 1 District.*

F. E. HAMPTON, M.B., Ch.B., *District Medical Officer, No. 2 District.*

J. COTTRELL, M.B., Ch.B., *Public Vaccinator.*

C. L. GRANVILLE CHAPMAN, F.R.C.S.I., M.R.C.S., L.R.C.P., *Consulting Surgeon to the Corporation Hospital.*

J. MACARTHUR, M.R.C.S., L.R.C.P., D.P.M., *Visiting Mental Specialist to the Mental Treatment Clinic.*

J. W. BROWN, M.D., M.R.C.P., *Consulting Physician to the Corporation Hospital, and to the Scartho Road Institution.*

W. GORDON DAVIDSON, M.B., Ch.B., D.O.M.S., *Consulting Ophthalmologist to the Maternity and Child Welfare Service and to the Scartho Road Institution.*

R. GUY PULVERTAFT, M.A., M.B., F.R.C.S., M.R.C.S., L.R.C.P., *Consulting Orthopaedic Surgeon to the Corporation Hospital and to Scartho Road Institution.*

L. P. STEPHEN, M.A., M.B., Ch.B., F.R.C.S., D.P.H., *Consulting Surgeon to the Scartho Road Institution.*

DRS. CHAPMAN, STEPHEN AND TURNER, *Consultants to the Maternity Home and also under the Puerperal Pyrexia Regulations.*

## DENTAL SURGEONS.—(a) Whole-time :—

C. F. SALT, L.D.S., *School Dental Officer.*A. W. McCARTHY, L.D.S., *Assistant School Dental Officer.* (Resigned 31-5-1938).

## (b) Part-time :—

T. HALL FELTON, L.D.S., R.C.S., *Dental Surgeon to the Corporation Hospital.*

## ANALYTICAL.

J. A. FOSTER, F.I.C. (Hull), *Borough Analyst.*—Part-time.

## VETERINARY SURGEON.

A. J. HINES, M.R.C.V.S., *Borough Veterinary Inspector.*—Part-time.

## SANITARY INSPECTORS.

## BOROUGH :—

\*† J. G. WATSON, *Chief Sanitary Inspector for Borough and Port.*\*† H. PARKINSON, *Deputy Chief Sanitary Inspector.*\*† J. J. TURNER, *Assistant Sanitary Inspector.*

\*† W. A. CHIVERS, " "

\*†§ G. H. EARNSHAW, " "

\*† A. D. S. BLACKHALL, " "

\*† H. CORMACK, " " (Appointed 17th May, 1937).  
T. H. R. JOHNSON, *Disinfecto*r.

## PORT :—

\*† A. MARTIN, *Senior Port Health Inspector.* (Appointed 16th August, 1937).\*† G. B. SEGROTT, *Assistant Port Health Inspector.*

\*† J. E. DOBSON, " " " " (Appointed 16th Aug., 1937).

F. STOKES, " " "

\* T. J. E. FORD, *Rat Searcher.* "

\* Holds Certificate of Royal San. Inst. as Inspector.

† Holds Certificate for Royal San Inst. for Meat and other Foods.

§ Holds Certificate of Royal San. Inst. for Practical Sanitary Science,

## HEALTH VISITORS.

Miss A. M. D. ALLFORD, *Superintendent, 1, 2, 3.* (Resigned 17th Nov., 1937).Miss F. S. HIGLEY, *Superintendent, 1, 2, 3.* (Appointed 3rd Jan., 1938).Miss I. V. BRIGHAM, *1, 2, 3.* (Resigned 3rd Jan., 1938).Mrs. C. E. CHAPMAN, *1, 2.* Miss C. LANCEFIELD, *1, 2, 3.*Mrs. M. A. GREEN, *1, 2.* Miss I. SYLVESTER, *1, 2, 3.*Mrs. M. SHANNAN, *1, 2.* Mrs. B. SMITH, *1, 2, 3.* TuberculosisMiss E. SPROSTON, *1, 2.* Health Visitor.

1. Certificate of Central Midwives Board

2. General trained Nurse.

3. Health Visitors' Certificate of R.S.I.

## CLERICAL.

T. E. DAVIDSON, Chief Clerk.	Miss E. B. MASON (M. & C.W.).
R. TULLOCH.	Miss I. WROOT (M. & C. W.).
W. R. GALE.	Miss E. E. LUCAS (M. & C.W.).
A. MANSON.	Miss K. BRIGGS (M. & C.W.).
D. AMERY.	(Resigned 15th Jan., 1938).
G. H. CHEFFINGS (Port).	Miss J. WADDINGTON (M. & C.W.).
	(Appointed 20th Dec., 1937).
	Miss S. MILLER (M. & C.W.).
	(Appointed 10th Jan., 1938).

## MENTAL DEFICIENCY.

Miss M. LAXTON, <i>Petition Officer and Mental Welfare Visitor.</i>	(Resigned 31st Jan., 1938).
Miss E. M. WOULD, <i>Petition Officer and Mental Welfare Visitor.</i>	(Appointed 7th March, 1938).
Miss G. LAWTEY, <i>Supervisor, Occupation Centre.</i>	
Miss M. RANDS, <i>Assistant Supervisor, Occupation Centre.</i>	(Appointed 25th January, 1937).
Miss M. L. ATKINSON, <i>Assistant Supervisor, Occupation Centre.</i>	(Appointed 1st June, 1937).

## VACCINATION OFFICER.

E. BROWN (also acts as *Deputy Petition Officer for Mental Defectives*).

## V.D. CLINIC.

F. N. BULLOCK, <i>Laboratory Assistant.</i>
H. THOMAS, <i>Orderly.</i>
Mrs. F. A. ROBSON, <i>Nurse.</i>

## MUNICIPAL MIDWIVES.

Miss F. BURTON, 1, 2. <i>Superintendent.</i>
Miss L. S. Cameron, 1, 2.
Miss D. Campbell, 1.
Miss D. Davy, 1. 2.
Miss P. E. Dorsey, 1, 2.
Miss D. G. Inkpen, 1.
Miss E. Marshall, 1, 2.
Miss M. Robinson, 1, 2.

1. State Certified Midwife. 2. State Registered Nurse.

## CORPORATION HOSPITAL.

Miss E. D. MACKENZIE, R.R.C., *Matron.*

## MUNICIPAL MATERNITY HOME.

Miss M. L. ARCHER, *Matron.*

**Voluntary Workers in regular attendance at Infant Welfare  
Centres during 1937.**

---

Mrs. Allen, Ranmore, Little Coates Road, Grimsby.  
 Mrs. Annis, 131 Second Avenue, Nunsthorpe, Grimsby.  
 Miss Ashmore, 5 Park Avenue, Grimsby.  
 Miss Aylott, 12 Allenby Avenue, Grimsby.  
 Miss Bacon, 45 Abbey Park Road, Grimsby.  
 Mrs. Barford, 19 Yarborough Road, Grimsby..  
 Lady Bennett, Fryston, Bargate, Grimsby.  
 Mrs. Bescoby, 2 Newton Grove, Nunsthorpe, Grimsby.  
 Mrs. Bingham, 18 Rupert Road, Grimsby.  
 Mrs. Blanchard, 36 Sutcliffe Avenue, Nunsthorpe, Grimsby.  
 Mrs. Brown, 7 Shelly Avenue, Nunsthorpe, Grimsby.  
 Mrs. Callicot, 105 Harrington Street, Cleethorpes.  
 Mrs. Carr, Askrigg, Laceby Road, Grimsby.  
 Mrs. Cattermole, 52 Park Drive, Grimsby.  
 Mrs. Caufield, 154 Cleethorpe Road, Grimsby.  
 Mrs. Cheffings, Ervillers, Weelsby Grove, Grimsby.  
 Miss Cheffings, Ervillers, Weelsby Grove, Grimsby.  
 Mrs. Clapton, St. Michaels, The Broadway, Grimsby.  
 Mrs. Claybyn, 5 Queen's Parade, Grimsby.  
 Miss Coney, 37 Weelsby Road, Grimsby.  
 Mrs. Cook, Collington, Park Drive, Grimsby.  
 Mrs. Davidge, Winton, Louth Road, Scartho, Grimsby.  
 Mrs. Dickenson, 39 Cross Coates Road, Grimsby.  
 Miss L. Doig, 29 Welholme Road, Grimsby.  
 Mrs. Douglas, Auchinleck, Vivian Avenue, Grimsby.  
 Mrs. Drewery, 39 Abbey Park Road, Grimsby.  
 Mrs. Eason, 3 Westlands Avenue, Grimsby.  
 Mrs. Elmes, 12 Cumberland Avenue, Grimsby.  
 Miss Elwood, 69 Durban Road, Grimsby.  
 Miss Franklin, 31 Bargate, Grimsby.  
 Mrs. Goodfellow, 26 Manor Avenue, Grimsby.  
 Miss Guy, Stanton, New Waltham, near Grimsby.  
 Mrs. Hallett, 41 Cross Coates Road, Grimsby.  
 Mrs. Harris, 10 Sackville Street, Grimsby.  
 Mrs. Harris, 54 Clifton Road, Grimsby.  
 Mrs. Hawdon, Hawdon, Evelyn Grove, Grimsby.  
 Mrs. Heath, 119 Wintingham Road, Grimsby.  
 Mrs. Henson, 50 Huddleston Road, Grimsby.  
 Mrs. Hobson, 37 Corporation Road, Grimsby.  
 Miss Hobson, 71 Earl Street, Grimsby.  
 Mrs. Ingamells, The Ings, Littlecoates Road, Grimsby.  
 Mrs. Jefferson, St. David's, Milton Road, Nunsthorpe, Grimsby.  
 Mrs. Kendall, Minton, Fairfield, Scarthoe, Grimsby.  
 Mrs. Kennington, 15 Princes Avenue, Grimsby.  
 Mrs. Kerr, 6 Lansdowne Avenue, Grimsby.  
 Miss Kirby, Highfields, Farm House, Weelsby, near Grimsby.

Mrs. Krill, 92 Patrick Street, Grimsby.  
Mrs. Labourne, 132 Lambert Road, Grimsby.  
Mrs. Coun. Larmour, 30 Manor Avenue, Grimsby.  
Mrs. Mason, 19 Portland Place, Grimsby.  
Miss Miller, 120 Convamore Road, Grimsby.  
Miss Mills, 128 Daubney Street, Cleethorpes.  
Miss Moon, 20 Heneage Road, Grimsby.  
Mrs. Morrison, 68 Park Avenue, Grimsby.  
Mrs. Morton, 5 Edge Avenue, Grimsby.  
Mrs. Murgatroyd, 76 Sutcliffe Avenue, Nunsthorpe, Grimsby.  
Miss Parish, 71 Earl Street, Grimsby.  
Mrs. Potts, 62 Weelsby Road, Grimsby.  
Mrs. Price, 9 Stratford Avenue, Grimsby.  
Mrs. Rachide, Vivian Avenue, Grimsby.  
Mrs. Rack, 284 Welholme Road, Grimsby.  
Mrs. Redman, 129 Welholme Avenue, Grimsby.  
Miss Ross, 67 Park Avenue, Grimsby.  
Mrs. Satchell, 4 Deansgrove, Grimsby.  
Mrs. Sleeman, 16 Fairfax Road, Grimsby.  
Mrs. F. Smith, Heck House, Augusta Street, Grimsby.  
Mrs. H. Smith, 5 Pelham Terrace, Grimsby.  
Mrs. J. H. Smith, 13 Edge Avenue, Grimsby.  
Mrs. Stephenson, 37 Rialto Avenue, Grimsby.  
Mrs. Stoakes, 39 Abbey Park Road, Grimsby.  
Mrs. Taylor, 171 Macaulay Street, Grimsby.  
Mrs. Thistleton, 14 Ashtree Avenue, Grimsby.  
Mrs. D. Thornton, Crackenedge, Laceby Road, Grimsby.  
Mrs. Thornton, 91 Wintringham Road, Grimsby.  
Miss Todd, Ribyholme, Laceby Road, Grimsby.  
Mrs. Trim, 78 Seaview Street, Cleethorpes.  
Miss Trussell, c/o Mrs. D. Thornton, Crackenedge, Laceby Road, Grimsby.  
Mrs. Tuxworth, 218 Durban Road, Grimsby.  
Miss Turrell, 72 Park Avenue, Grimsby.  
Mrs. Watkinson, 55 Welholme Road, Grimsby.

To the Chairman and Members of the Public Health, Maternity and Child Welfare, and the Care of Mental Defectives Committees.

LADIES AND GENTLEMEN,

I have the honour to submit my fourth Annual Report on the Health Services of this County Borough.

The various services continue to expand, and as mentioned in my introductory remarks last year this local authority continues to be faced with very heavy expenditure while the trade of the town is passing through a difficult economic period. It must be realised, however, that the more unemployment there is the bigger the strain on the social services of the local authority.

The building of the new municipal hospital has not yet commenced as with a scheme of such magnitude there is a great amount of work to be got through by the consultants employed on the preparation of the plans. This hospital is the keystone of the arch of the health services. It has been provisionally decided that when the present Municipal Offices in Victoria Street are vacated the School Clinic and the Tuberculosis Dispensary will be rebuilt on their present site in such a manner as to allow the work to go on without any intermission. Preliminary negotiations have been entered into with a view to ultimately transferring the work of the venereal diseases clinic and laboratory to the precincts of the Grimsby and District Hospital. The medical profession in this town appreciate the difficulties of persuading certain sections of the public to attend a clinic of this type when it is not associated with any hospital. A suitable site has been obtained in Hope Street on which to build a combined child welfare and dental clinic similar to that recently erected in the West Marsh district, and which will replace the present unsatisfactory premises at Hamilton Street.

The vital statistics for the year are satisfactory: the birth-rate was actually the lowest on record, but it was 16.3 as compared with 14.9 for the country as a whole. The death-rate when adjusted according to age incidence is much the same as the country as a whole, while the infant mortality rate was 57 per thousand births compared with 58 for England and Wales and 62 for the large towns and county boroughs. The incidence of diphtheria continues to be low, only 86 cases having occurred during the year. The death-rate from diphtheria in Sheffield and in Hull was three and eight times the rate in Grimsby. This is due to the fortunate absence as yet of the *Gravis* strain, but there is no knowing how long this will continue. The immunisation campaign received a serious setback in the autumn of the year owing to an illness of one of the medical staff, but it is hoped to make up the leeway during 1938.

In this introduction I should like to take this opportunity of referring to some special features of the year 1937:—

(a) The new clinic at Watkin Street was opened by the Deputy Mayoress, Mrs. J. W. Prior, on the 26th April, 1937. It has fulfilled a much needed want. The antenatal clinics were transferred from Burgess Street, the child welfare centres from Victoria Street Chapel and the Cripples Guild Hall, and the dental clinic from Armstrong Street school. Advantage was taken of the opening of the new clinic to bring the Travelling Maternity and Child Welfare Exhibition to Grimsby for a week, where it was seen by large numbers of the public including the senior girls from the elementary and secondary schools.

(b) With the arrival in Grimsby of a consultant orthopaedic surgeon in the latter part of May, the orthopaedic scheme arranged in conjunction with the Grimsby and District Hospital commenced to function. An opportunity is taken here to thank the Central Council for the Care of Cripples for loaning during this trial period Miss M. Haig, a home teacher, who gave a great deal of assistance. Later in the year an orthopaedic after-care association was initiated by the Central Council's organiser for Lincolnshire, Major G. Burnett Stuart.

(c) Negotiations were completed with neighbouring local authorities and certain voluntary hospitals to evolve a satisfactory regional scheme for the treatment of cancer.

(d) The low-grade colonies of the Joint Board for Mental Defectives became ready for occupation at the end of the year, and it is hoped that this work has now reached relatively stable equilibrium.

(e) The municipal midwifery service came into being on the 15th August, 1937, after negotiation with the Grimsby and District Nursing Institution. The town was divided into areas each with three midwives, and a municipal midwifery headquarters was rented at No. 2 Manor Avenue. Unfortunately, a voluntary organisation who had previously given no notice of their intention to do so suddenly enlarged the field of their activities after the local authority had submitted to the Minister and put into operation a scheme to deal with the whole of the needs of the town. This situation will right itself in time.

(f) Provision was made at the Grimsby Corporation Hospital for a porter's lodge and waiting-room accommodation for visitors. The heating system is now the only matter urgently requiring attention.

(g) The slum clearance programme has proceeded according to schedule, and there is no doubt that it will be completed in 1938.

(h) In conjunction with the Education Committee arrangements were made to carry out an orthoptic scheme for a trial period. Under this scheme cases of squint in school children and toddlers are treated without operation.

(i) Further detailed plans were made during the year in respect to the Air Raid Precautions scheme of the Borough. In addition the Health Department became responsible for the anti-gas training of everyone except the police, fire brigade and air raid wardens. An anti-gas school was opened near the Town Hall in April, 1937, and during the year some hundreds of local government officers and a number of volunteers received comprehensive instructions in this work.

(j) To meet the needs of a growing district a maternity and child welfare centre was established in the Church Hall at Old Clee in July.

As an expression of my personal thanks the names of the voluntary workers who have been in regular attendance at the clinics have been placed in this report: if there are any errors of omission I apologise in advance. Additional recruits will be required to teach dressmaking, simple cookery, etc. It will be appreciated that there are others who give a great deal of time to raise funds for the various voluntary committees, but in this department the only register we have is that of those who actually attend at the clinics.

I wish to take this opportunity of stressing to the members of the various committees the continuous strain imposed on the officers of the health services by the steady output of legislation from the central authority. There is a certain amount of time-lag before the department is able to obtain the necessary staff to cope with the additional work. During the 12 months under review when this introduction was written the following additional burdens have been assumed:—

- (1) the municipal midwifery service and the administration thereof in August, 1937;
- (2) the inspection of offices under the provisions of the Public Health Act, 1936. Owing to lack of additional staff it has not been possible to commence this work;
- (3) additional work will be thrown on the health services early in 1938 by the Factory Act of 1937;
- (4) it is quite possible that a further burden will be placed on this department by the working of the Sea Fisheries Act, 1938.

I should like to take this opportunity to record my grateful thanks to Aldermen Tate and Thornton and to the Committees for much help and consideration, and to all the members of my staff for their loyal and enthusiastic service throughout the year. Owing to additional pressure of work life in the Health Department became almost intolerable towards the end of the year, and our best thanks are due to the Committee in permitting a transfer to more suitable premises. The staff hope to shew their appreciation of this encouragement by an even higher output of work in 1938.

I am, Ladies and Gentlemen,  
Yours faithfully,

ST. JAMES' HOUSE,  
BARGATE, GRIMSBY.

JAMES A. KERR,  
Medical Officer of Health,

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**SECTION A.**

**STATISTICS & SOCIAL CONDITIONS.**

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## SECTION A.—STATISTICS AND SOCIAL CONDITIONS.

## I.—GENERAL STATISTICS.

Area (in acres—excluding foreshore).....	5,468
Registrar-General's estimate of resident population, mid-1937 .....	92,760
Number of inhabited houses (end of 1937) according to Rate Books..	24,663
Rateable value .....	£527,653
Sum represented by a penny rate.....	£1,928

## 2.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live Births :—	Males.	Females.	Total.	
Legitimate ..	759	663	1422	Birth Rate per 1,000 of the
Illegitimate ..	52	42	94	estimated resident population
	811	705	1516	—16·3.
Stillbirths .....	30	25	55	Rate per 1,000 total (live and still) births—35·0.
Deaths .....	600	467	1067	Death Rate per 1,000 of the estimated resident population —11·5.
Adjusted Death-rate (Areal Comparability Factor 1·07).....				12·3
Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—				
			Deaths.	Rate per 1,000 total (live and still) births.
No. 29. Puerperal sepsis .....			1	0·63
No. 30. Other Puerperal causes			1	0·63
			—	—
Total .....			2	1·26
			—	—

## Death Rate of Infants under one year of age :—

		Rate
All infants per 1,000 live births .....		57
Legitimate infants per 1,000 legitimate live births .....		58
Illegitimate infants per 1,000 illegitimate live births .....		43
Deaths from Cancer (all ages) .....		120
„ „ Measles (all ages) .....		4
„ „ Whooping Cough (all ages) .....		4
„ „ Diarrhoea (under 2 years of age) .....		13

The town continues to shew some degree of expansion, but it could be reasonably said that the building boom has for the present come to an end. According to the rate-books there were at the end of the year 24,663 inhabited houses, which is 109 more than last year. The corresponding increases during 1935 and 1936 were 477 and 269.

The Manager of the Employment Exchange has kindly furnished particulars regarding the number of unemployed persons in Grimsby :—

Total live register in January, 1937 (including temporarily stopped claimants) : males 5864 ; females 961	6825
Total live register in July, 1937 (including temporarily stopped claimants) : males 4465 ; females 434	4899
Total live register in December, 1937 (including temporarily stopped claimants) : males 4983 ; females 794	5777

At first sight it would appear from these figures that there was a great improvement in employment in the town, but this does not give an absolutely accurate picture. Employment during the year was better, particularly during the period covered by the importation of timber (see Port Health Section of this report), but the disquieting feature is that over 1,500 men secured employment in other districts : some have gone to Scunthorpe and may return, but the majority have gone for good and taken their dependents with them. For this reason it is possible that the Registrar-General's estimate of the decrease in the population of Grimsby is on the conservative side.

Plans to induce other industries to settle in Grimsby have not been so far successful to any extent despite the formation of an Industrial Development Board and the appointment of a Development Officer, but it is hoped that the re-organisation of the fishing industry following recent legislation, together with the provision of suitable factory sites in the neighbourhood of the new road to Immingham, may prove to be of assistance to the trade of the town. It is unfortunate that Grimsby has had in time of economic depression to carry the burden of bringing the social services up to modern standards at the same time.

One persistently disquieting feature is the relative absence of suitable juvenile employment. The number of children who are likely to secure exemption from school attendance before the age of 15 in the future through beneficial employment is not expected to be very high.

The following information is culled from an authoritative source :—

“ According to the Ministry of Labour *Gazette* for February, 1938, the percentage of unemployment in the fishing industry in Great Britain to insured population was 35.3. In no other industry in the country is there such an appalling percentage of unemployment. Grimsby, being the largest fishing port in Great Britain, has felt the full effect of that depression.”

Unemployment within the fishing industry has repercussions ; it generally means that four times as many more shore workers and workers in ancillary industries are thrown out of work.

The landing here of fish caught by foreigners, and the laying up of Grimsby fishing vessels because of uneconomic conditions, had helped to swell unemployment.

"The unemployment position in Grimsby, as compared with the country as a whole, has steadily worsened. At the end of 1936 the percentage of unemployed in Grimsby was 17, which was better than in the country as a whole ; at the end of 1937 it was 15.1 per cent., compared with only 10.6 per cent. throughout the country ; in January, 1938, it was 18.4 per cent. in Grimsby, and only 12.9 per cent. in the country as a whole.

"The position in Grimsby is fast becoming very serious by reason of the following factors," continues the report :—

"Decline over a number of years in traffic at the docks caused by loss of continental traffic and the operation of tariffs and quotas.

"The unemployment figures and the percentage of unemployment do not wholly represent the seriousness of the position, as it is known that large numbers of workpeople have left Grimsby —1,500 men were placed in employment out of Grimsby by the Ministry of Labour last year, and of these about 25 per cent. became resident with their families in larger centres of industry. Young people are also leaving the town and are assisted to leave by Government schemes, which owe their application to a recognition by the Ministry of Labour of the seriousness of the position.

"A vicious circle is being created. The local authority is faced with growing expenditure in the reduced revenue from rate-payers (business and private), owing to the closing down of businesses and the removal of families to more densely populated areas.

"Grimsby is suffering not only from a heavy volume of unemployment, but also from a large mass of under-employment, for a very large proportion of the workers—men and women—are casual workers, with the resultant lowering of the standard of living.

"With an ever growing population there are no means of absorbing the natural growth of population into industry.

"The encouragement given by the Government to areas described as Special Areas, to facilitate the introduction of new industries on favourable terms, is inimical to the interests of Grimsby."

Some interesting facts concerning Grimsby are available in a publication entitled "The Marketing Survey of the United Kingdom," viz.:—"14.7 per cent. of the insured population were unemployed in June. Of the 23,010 families in the town 4.3 per cent. have an income of £10 or over per week ; 12.6 per cent. have over £5, but under £10 a week ; 57.8 per cent. have over £2 10s.

but under £5 per week ; and 25.3 per cent. have £2 10s. a week or less."

There were no marked epidemics of infectious disease during the year other than an outbreak of influenza, which though widespread was of a mild type and did not cause death except at the extremes of life.

The Registrar-General's estimate of the mid-year population of Grimsby for 1937 is 92,760, a decrease of nine hundred and thirty on his estimate for the previous year. Population.

This is the second successive occasion on which a decrease has been estimated by the Registrar-General. One of the reasons for the same is outlined in the paragraphs above.

The natural increase of the population, *i.e.*, the excess of births over deaths, for the year was 449.

There were 1,514 births registered as having taken place during the year within the Borough : 44 of these were outward transfers and 46 occurring elsewhere were transferred here, making a total of 1,516 for the Borough—811 males and 705 females. Births.

This gives a birth-rate of 16.3, which is by far the lowest ever recorded in Grimsby, although still above the figure for the country as a whole. Many factors, both economic and social, are contributing to this result, but one which must not be lost sight of is the continued exodus from Grimsby of women of child-bearing age in search of employment.

Ninety-four (6.2 per cent.) of the births were illegitimate. This continues to be about 50 per cent. above the average for the country as a whole.

There is a marked discrepancy in the birth of the sexes, 106 more boys than girls being born. The difference in 1936 was only 13.

Table showing the birth-rate recorded in the Borough for the last 10 years, along with the corresponding rate for England and Wales :—

Year.	Number of Births.	Rate.	Birth Rate. England & Wales.
1928	1702	18.8	16.7
1929	1673	18.2	16.3
1930	1745	19.0	16.3
1931	1650	17.8	15.8
1932	1652	17.9	15.3
1933	1671	17.9	14.4
1934	1738	18.5	14.8
1935	1621	17.2	14.7
1936	1677	17.9	14.8
1937	1516	16.3	14.9

## Deaths.

There have been 1,123 deaths registered as having occurred during the year within the Borough. Of this number 96 were deaths of non-residents ; these have been referred to the districts in which the persons ordinarily resided. There were 40 deaths of residents which occurred in other parts of England and Wales, and these have to be added to the above number.

The actual number of deaths, therefore, which has to be recorded in calculating the death-rate is 1,067. This gives a death-rate of 11.5 per thousand of the population, which is the same rate as in 1936.

The adjusted death-rate for Grimsby (calculated by multiplying the crude rate by the Registrar-General's comparability factor of 1.07) was 12.3, which is slightly below the adjusted figure for England and Wales.

There were no uncertified deaths during the year.

The appended statement shows the Death Rate for the last 10 years, compared with that for England and Wales :—

Year.	Grimsby.	England and Wales.
	Crude Death Rate.	Death Rate.
1928	11.3	11.7
1929	13.9	13.4
1930	12.0	11.4
1931	12.0	12.3
1932	12.5	12.0
1933	12.4	12.3
1934	11.0	11.8
1935	11.8	11.7
1936	11.5	12.1
1937	11.5	12.4

The adjusted death-rates are shewn in the following table :—

ENGLAND AND WALES AND GRIMSBY—DEATH RATES.

	1932	1933	1934	1935	1936	1937
England and Wales	12.0	12.3	11.8	11.7	12.1	12.4
Grimsby	Crude ..	12.5	12.4	11.0	11.8	11.5
	Adjusted	13.3	13.2	11.8	12.6	12.3

There were 86 deaths of infants under one year of age, giving an infantile mortality rate of 57 per thousand births, compared with 58 for England and Wales, and 62 for the 125 great towns and county boroughs. Infantile Mortality.

The number of infantile deaths was the same as the previous low record of 1934, but the infant mortality rate is not quite so good owing to the fall in the number of births.

With the provision of a municipal midwifery service and an increasing ante-natal care it is hoped this figure will fall still further.

(For further information see *Maternity and Child Welfare*, page 46).

The following table gives the rate of infantile mortality over a series of years, and the corresponding rate for England and Wales :—

Year	No. of Deaths.	GRIMSBY.		Rate per 1,000 Births England and Wales.
		Rate per 1,000 of Population.	Rate per 1,000 Births.	
1911	328	4.37	154	130
1912	217	2.84	104	95
1913	240	3.09	114	109
1914	278	3.54	131	105
1915	210	2.91	106	110
1916	189	2.59	99	91
1917	158	2.16	103	97
1918	207	2.83	129	97
1919	143	1.83	80	89
1920	216	2.63	90	80
1921	222	2.69	102	83
1922	187	2.26	93	77
1923	153	1.80	78	69
1924	183	2.13	99	75
1925	127	1.46	71	75
1926	157	1.80	90	70
1927	109	1.23	66	69
1928	132	1.46	77	65
1929	148	1.61	88	74
1930	129	1.41	74	60
1931	100	1.08	61	66
1932	111	1.20	67	65
1933	114	1.22	68	64
1934	86	0.91	49	59
1935	102	1.08	63	57
1936	113	1.20	67	59
1937	86	0.92	57	58

Old Age Death Rate. Deaths of persons who have attained the age of seventy years and over are included under this head.

During the year 378 persons died at ages varying from 70 to 99, the numbers at age periods being :—

Between 70 and 75 years	..	..	..	133
„ 75 and 80 years	..	..	..	119
„ 80 and 85 years	..	..	..	67
„ 85 and 90 years	..	..	..	45

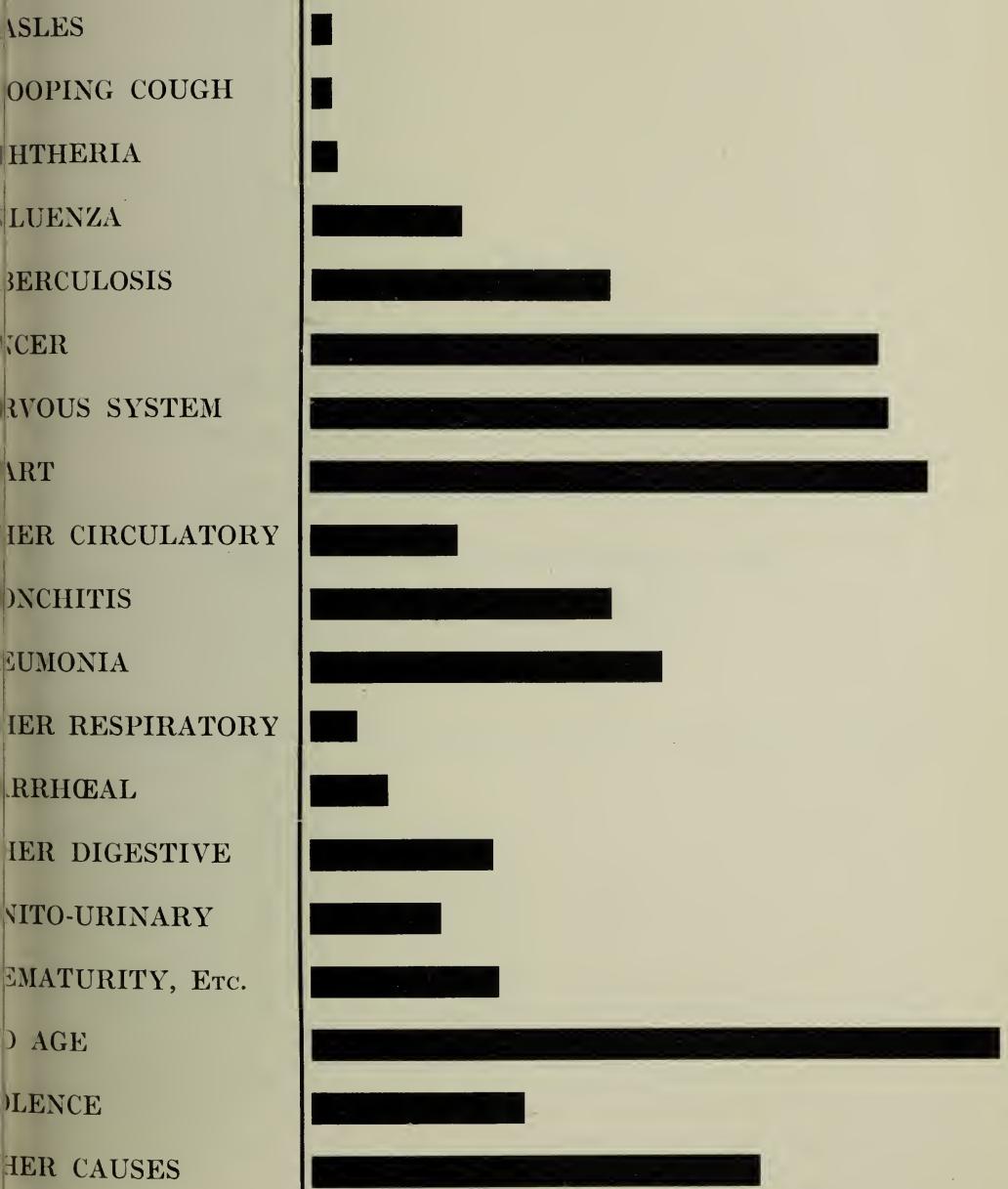
Also five at 90, two at 91, three at 92, two at 93, one at 94, and one at 99.

The rate per thousand of the population was 4.07 and the percentage of the total deaths was 35.4 as compared with 36.1 the previous year.

Inquests. One hundred and fourteen Coroner's Inquests or Inquiries were held as compared with 128 last year ; the findings were as follows :—Accident or misadventure 34 ; Natural causes 64 ; Suicide 14 ; and open verdict 2.

**RELATIVE MORTALITY FROM CERTAIN CAUSES.**

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**SECTION B.**

**GENERAL PROVISION OF  
HEALTH SERVICES.**

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## SECTION B.—GENERAL PROVISION OF HEALTH SERVICES.

### Public Health Officers.

A list of the officers of the Public Health Department is given on pages 8, 9 and 10.

Mr. H. Parkinson was appointed deputy chief sanitary inspector to fill the vacancy caused by the death of Mr. M. Chapman, and the staff of inspectors was brought up to complement by a fresh appointment.

Dr. Bryan, resident medical officer at the Grimsby Corporation Hospital, resigned on grounds of ill health following a severe motor accident.

Mr. A. Martin, port health inspector of Leith, was appointed senior port health inspector, and Mr. J. E. Dobson was appointed to fill a vacancy in the port staff caused by the death of Mr. R. Madeley.

Miss F. S. Higley was appointed superintendent health visitor to fill the post vacated by Miss A. M. D. Allford who secured a similar appointment at Croydon. Miss I. Brigham secured an appointment as health visitor in the city of Manchester, and it was not possible immediately to fill this vacancy.

Miss M. Laxton, petition officer and mental welfare visitor, returned to the staff of the Central Association for Mental Welfare and was succeeded by Miss E. M. Would, who held a similar post at Yarmouth.

In the middle of the year a superintendent midwife, 14 municipal midwives, a housekeeper and a clerk were appointed to carry out the Municipal Midwifery Service.

### Laboratory Facilities.

No change has been made in these facilities, *i.e.*, for the examination of clinical material (sputum, swabs, etc.), water and milk. (*See page 22 of 1936 report.*)

The V.D. Laboratory carried out 2,175 microscopical tests and 5,241 serum tests: of these 931 and 2,507 respectively related to persons residing in Grimsby. During the year arrangements were made with the Holland County Council, in addition to the other local authorities, to send specimens to the laboratory.

### Ambulance Facilities.

The ambulance facilities are as outlined on page 22 of the 1936 report. The ambulance service for the area continues to be adequate, and satisfactory arrangements are made for co-ordination. A further step will be made in this respect when the regional cancer scheme comes into operation.

### Nursing in the Home.

GENERAL.—The Queen's Nurses of the Grimsby and District Nursing Institution continue to do good work for the local authority and receive an annual grant of £100 for this purpose. They also receive a substantial annual donation from the Public Assistance Committee.

As indicated in my last annual report the institution have given up midwifery consequent upon the coming into being of the municipal midwifery scheme. Their midwifery staff was taken over by the local authority about the middle of the year.

**INFECTIOUS DISEASES.**—Under the above arrangement the Queen's Nurses attend cases of ophthalmia neonatorum and special cases of measles, whooping cough, etc. recommended by the Medical Officer of Health, and they are also available for the nursing of puerperal cases.

A summary of the work carried out by the staff of the Grimsby and District Nursing Institution is set out below:—

<i>Mothers.</i>		<i>Cases.</i>	<i>Visits.</i>
Midwifery	.. .. .. ..	84	1385
Maternity	.. .. .. ..	110	1669
Ante-natal	.. .. .. ..	3	455
Post-natal	.. .. .. ..	1	106
Ante-natal clinic	.. .. .. ..	—	618
Puerperal pyrexia	.. .. .. ..	11	228
General	.. .. .. ..	112	3502

*Children under 5 years of age.*

Medical	.. .. .. ..	99	1534
Surgical	.. .. .. ..	35	498
Discharging eyes	.. .. .. ..	35	1143
		490	11138

The Clinics and Treatment Centres provided by the Local Authority and Education Authority in the Borough are as follows:—

Clinics and Treatment Centres.

MATERNITY AND CHILD WELFARE.

INFANT WELFARE CENTRES.

Second Avenue, Nunsthorpe	Monday .. .. ..	9-30 a.m. and 2 p.m.
Hamilton Street	Tuesday and Thursday .. .. ..	2 p.m.
Watkin Street (Tel. No. 4564)	Tuesday and Thursday .. .. ..	2 p.m.
Church Hall, Old Clee	Friday .. .. ..	2 p.m.

ANTE-NATAL CLINICS.

Municipal Maternity Home, Nunsthorpe (Tel. No. 7222) (Maternity Home cases only)	Monday .. .. ..	9-30 a.m.
Municipal Maternity Home, Nunsthorpe (Tel. No. 7222) (District cases only)	Wednesday .. .. ..	2 p.m.
Watkin Street (Tel. No. 4564)	Friday .. .. ..	9-30 a.m.
	Monday and Friday .. .. ..	2 p.m.

POST-NATAL CLINICS.

Municipal Maternity Home Nunsthorpe (Tel. No. 7222) (Maternity Home cases only)	Monday .. .. ..	10-30 a.m.
Watkin Street	Saturday .. .. ..	9-30 a.m.

## TODDLERS' CLINICS.

Second Avenue, Nunsthorpe	Monday .. .. ..	9-30 a.m.
Hamilton Street	Friday .. .. ..	9-30 a.m.
Church Hall, Old Clee	Friday .. .. ..	2 p.m.

## ULTRA-VIOLET RADIATION CLINICS.

Hamilton Street	Monday .. .. ..	9-30 a.m.
	Wednesday .. .. ..	10-30 a.m.
	Friday .. .. ..	2 p.m.

## BREAST FEEDING CLINICS.

Second Avenue, Nunsthorpe	Tuesday .. .. ..	9 a.m.
Hamilton Street	Wednesday .. .. ..	9 a.m.
Watkin Street (Tel. No. 4564)	Wednesday .. .. ..	9 a.m.

## DENTAL CLINICS.

Hamilton Street	Thursday .. .. ..	2 p.m.
Watkin Street	Friday .. .. ..	2 p.m.

## DIPHTHERIA IMMUNISATION CLINIC.

Watkin Street (Tel. No. 4564)	Wednesday (fortnightly)	2-30 p.m.
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## SCHOOL MEDICAL SERVICE.

## SCHOOL CLINIC.

Municipal Hall, Burgess Street	Daily (except Saturdays)	9 a.m.
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## EYE CLINIC.

Municipal Hall, Burgess Street	Tuesday (by appointment only)	2 p.m.
	Fridays (alternate)	2 p.m.

## SPECIAL INVESTIGATION CLINIC.

Municipal Hall, Burgess Street	Fridays (alternate)	.. .. 2 p.m.
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## RHEUMATIC AND HEART CLINIC.

Municipal Hall, Burgess Street	Wednesdays (alternate).	By appointment only.
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## DENTAL CLINICS.

Hamilton Street	Daily (except Saturdays).	By appointment only.
Watkin Street	Daily (except Saturdays).	By appointment only.

## ANTI-TUBERCULOSIS SERVICE.

## DISPENSARY.

Municipal Hall, Burgess Street (Tel. No. 4867)	Tuesday (men only) .. .. ..	2 p.m.
	Wednesday (women only) .. .. ..	2 p.m.
	Wednesday (men and women) .. .. ..	5-30 p.m.

Thursday (children) .. .. ..	2 p.m.
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## ARTIFICIAL PNEUMOTHORAX CLINIC.

Municipal Hall, Burgess Street	Monday .. .. ..	11 a.m.
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## ULTRA-VIOLET RADIATION CLINIC.

Municipal Hall, Burgess Street	Monday, Wednesday and Friday	9 a.m.
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## VENEREAL DISEASES.

CLINIC, 38 QUEEN STREET  
(Tel. No. 4754)

Monday (men) .. .. ..	.. .. 4-30 p.m.
Monday (women) .. .. ..	.. .. 2 p.m.
Tuesday (women) .. .. ..	.. .. 4-30 p.m.
Wednesday (men) .. .. ..	.. .. 4-30 p.m.
Wednesday (women) .. .. ..	.. .. 2 p.m.
Thursday (men) .. .. ..	.. .. 1-30 p.m.
Thursday (women) .. .. ..	.. .. 10 a.m.
Friday (men) .. .. ..	.. .. 4-30 p.m.

## OTHER SERVICES.

## ORTHOPAEDIC CLINIC.

Grimsby & District Hospital      Thursdays (by appointment only) 9-30 a.m.  
(Tel. No. 5051)

## MENTAL CLINIC.

Grimsby & District Hospital      Monthly, as required (by appointment only).  
(Tel. No. 5051)

## OCCUPATION CENTRE.

Stortford Street      Daily (except Saturday).

GRIMSBY AND DISTRICT HOSPITAL.—I am indebted to Mr. H. B. Coates, the Secretary-Superintendent, for the following notes and statistics in regard to this Voluntary Hospital:—

The full accommodation at the hospital of 164 beds has been available throughout the year 1937, and the following is the allocation of beds:—

						Hospitals.
Male	Surgical	..	..	..	..	55
Female	Surgical	..	..	..	..	42
Male	Medical	..	..	..	..	20
Female	Medical	..	..	..	..	20
Children	Surgical and Medical	..	..	..	..	15
Pay Bed Wards	Medical or Surgical	..	..	..	..	9
Isolation Wards	Medical or Surgical	..	..	..	..	3
						164

As indicated in last year's report all children requiring surgical interference for the removal of tonsils and adenoids are admitted to the wards for one night. These operations take place on Monday and Friday afternoons of each week, and the children stay in hospital Monday and Friday night respectively.

During the year the following cases have been dealt with under this scheme:—

		1937.	1936.
Total number of cases in the Borough	..	236	93
Cases under school age residing in the Borough	..	46	7
Cases of school age residing in the Borough	190	86	

## BLOOD TRANSFUSION SERVICE.

A sub-committee has been appointed comprising members of the Managing Committee of the hospital, the Grimsby Health Committee and donors. The scope of this service has been extended to all voluntary and municipal hospitals in the town. Rules have been made for the proper technique of transfusion and arrangements made for the post-transfusion examination of the donor. Many large employers of labour have been approached for their co-operation. The present donors' rota contains 61 grouped persons.

Male      57      Female      4

27 new donors have been enrolled during the year, and more volunteers are still required. During 1937, 24 donors attended for transfusion purposes, and 10 blood transfusions were satisfactorily carried out.

#### FRACTURE AND ORTHOPÆDIC DEPARTMENT.

In conjunction with the Grimsby Corporation a scheme for patients suffering from fractures and orthopædic conditions was put into operation in June. Mr. R. G. Pulvertaft, F.R.C.S., has been appointed to the honorary staff, and since 1st June, 1246 patients making 4,065 attendances have been seen in this department. Included in these figures are 139 patients directly chargeable to the local authority under the orthopædic scheme.

#### MASSAGE AND REMEDIAL EXERCISES.

The staffing and accommodation of this department received careful consideration, and it was decided to transfer the out-patient work to Woolsby Old Hall. Two fully qualified Masseuses have been appointed, and the ground floor of the Hall equipped for massage, ultra violet rays, gymnastics and electro therapy, etc.

#### AIR RAID PRECAUTIONS.

During the year, 25 senior members of the nursing staff have attended a course of lectures on this subject. Further, 10 male members of the staff have undergone courses of instruction.

#### NURSING.

During the year, Miss H. Brewer who has been Matron for 12 years resigned her post to be married. Miss E. F. Mason, trained at the Royal Southampton Hospital, was appointed to succeed her. Efforts have been made to reduce the nurses' hours of duty, and at present day nurses work 53 hours per week, and night nurses 50 hours per week. This problem is not only an economic one, but it is also effected by the supply of suitable candidates. Lessened hours of service mean increased staff with the necessary extension of accommodation and salaries expended. If and when more nurses can be procured every effort will be made to reduce still further the nurses' duty hours to 96 per fortnight. On December 31st, there were 40 probationer nurses in training and during the year 7 nurses obtained their Final State Registration Certificate and 7 passed the Preliminary Examination for State Registration.

#### CONVALESCENT FUNDS.

Full use has been made from the income derived from the King Edward VII. Memorial Convalescent Fund, and 25 patients have been sent to various convalescent homes under the auspices of this Fund, 5 of which have been sent as a direct recommendation from the Maternity and Child Welfare Committee of the Corporation.

## CONTRIBUTORY SCHEME.

During 1937, it was resolved that any person who is poor and unable to obtain from personal resources adequate medical or surgical attention, should be treated in the Hospital free of charge. The regular registered contributors and their dependants shall also receive free treatment, but those persons who are in work and do not contribute shall be asked to pay towards the cost of their maintenance.

## COMPARATIVE STATEMENT OF ADMISSIONS AND ATTENDANCES.

	1937.	1936.	In- crease.	De- crease.
1. Number of beds available for use	164	164	—	—
2. Daily average number of patients resident throughout the year ..	141.1	141.9	—	.8
3. Number of patients in hospital beginning of year ..	134	136	—	2
4. Number of patients admitted ..	2553	2500	53	—
5. Number of patients admitted to pay-block (included in No. 4) ..	175	128	47	—
6. Number of patients in hospital at end of year ..	148	134	14	—
7. Average number of days each patient was resident ..	19.2	19.7	—	.5
8. Number of deaths in hospital during the year ..	126	101	25	—
(Percentage of deaths after deduction of patients who died within 48 hours of admission) ..	2.1	2.8	—	.7

## OPERATIONS.

9. Major .. .. ..	1550	1683	—	133
10. Minor .. .. ..	1631	773	858	—
Tonsils and Adenoids .. ..	322	223	99	—
Dentals .. .. ..	716	831	—	115

## OUT-PATIENTS.

11. Total number of new out-patients	9219	7968	1251	—
12. Total number of out-patient attendances .. .. ..	27099	21747	5352	—
Number of casualties (included in No. 11) .. .. ..	5197	5555	—	358
Number of casualty attendances (included in No. 12) .. ..	17062	16879	183	—
New ophthalmic cases (included in No. 11) .. .. ..	851	398	453	—
Ophthalmic attendances (included in No. 12) .. ..	2204	1072	1132	—
New medical cases (included in No. 11) .. .. ..	478	464	14	—
Medical attendances (included in No. 12) .. .. ..	1126	995	131	—
New skin cases (included in No. 11)	85	93	—	8
Skin attendances (included in No. 12)	380	402	—	22
New gynaecological cases (included in No. 11) .. .. ..	264	265	—	1
Gynaecological attendances (included in No. 12) .. ..	427	374	53	—
New aural cases (included in No. 11)	568	510	58	—
Aural attendances (included in No. 12) .. .. ..	771	888	—	117

		1937.	1936.	In-crease.	Decrease.
New surgical cases (included in No. 11) ..	..	520	664	—	144
Surgical attendances (included in No. 12) ..	..	1029	1135	—	106
New fracture and orthopaedic cases (included in No. 11) from June 1st ..	..	1246	—	1246	—
Fracture and orthopaedic attendances (included in No. 12) from June 1st ..	..	4098	—	4098	—
New urological cases (included in No. 11) ..	..	3	3	—	—
New mental diseases cases (included in No. 11) ..	..	7	16	—	9
Mental diseases attendances (included in No. 12) ..	..	2	2	—	—
<b>X-RAY DEPARTMENT.</b>					
13. Number of X-Ray skiagraphs ..	..	11798	8413	3385	—
14. Number of screens ..	..	407	559	—	152
15. Prints ..	..	2141	—	2141	—
<b>ELECTRICAL DEPARTMENT.</b>					
16. In-Patient treatments ..	..	1100	1278	—	178
17. Out-Patient treatments ..	..	9498	7599	1899	—
<b>MASSAGE DEPARTMENT.</b>					
18. In-patient treatments ..	..	2352	1221	1131	—
19. Out-patient treatments ..	..	7848	5921	1927	—
<b>PATHOLOGICAL DEPARTMENT.</b>					
20. Specimens received—Total ..	..	3493	3758	—	265
From Hospital ..	..	2115	2813	—	698
From Honorary Staff ..	..	313	262	51	—
From other sources ..	..	1065	683	382	—
<b>GRIMSBY RESIDENTS.</b>					
In-patients ..	..	1749	1661	88	—
New Out-patients and casualties ..	..	7528	6694	834	—
Out-patient and casualty attendances ..	..	5420	4801	619	—

In addition to the above, 343 Grimsby residents availed themselves of the facilities offered at the HULL ROYAL INFIRMARY—169 in-patients and 174 out-patients. The approximate number of out-patient attendances was 520.

**GRIMSBY CORPORATION HOSPITAL.**—This hospital consists of 76 beds for infectious diseases and 98 beds for pulmonary and surgical tuberculosis. The latter beds are augmented in the summer months by four huts.

During the year the final instalment of the nurses' home was completed, and now the whole of the nursing and domestic staff, with the exception of the laundry staff, are resident. Contrary to the usual expectations the domestic staff thoroughly appreciate the privilege of residing near their work.

During the year also additional sluice accommodation in the observation block for puerperal cases was built, and provision was made for the old sewage beds to be cleared and utilised as storage tanks for water for use in fire emergency. The building of a

porter's lodge and additional waiting room accommodation for the relatives of patients was commenced. It has not yet been possible to carry out a complete overhaul of the entire heating system but the matter is under active consideration by the Committee. The absence of adequate water storage in the event of any interference with the supply to the hospital continues to give rise to a certain amount of anxiety.

A consultant orthopaedic surgeon took up duty at the voluntary hospital in 1937, and was appointed to supervise the surgical tuberculosis cases at the Corporation Hospital with very satisfactory results.

In the latter part of the year very severe pressure was placed on the infectious diseases side of this hospital by the admission of a large number of cases from outside areas, many cases being received from places as far apart as Horncastle and Scunthorpe.

**LACEBY HOSPITAL.**—This small hospital of 20 beds has been kept in a good state of repair and in a fit state to admit small-pox cases, if the need arose, at a few hours notice.

It has been finally decided that this hospital should be retained, in view of its possible use as a base hospital in the Air Raid Precautions Scheme of the area.

**MUNICIPAL MATERNITY HOME.**—This Home of 38 beds was fairly well utilised during the year, and in it there were 431 births.

**SCARTHO ROAD INSTITUTION.**—This institution continues to do useful work under great difficulties, with an inadequate staff and overcrowded buildings. It is not possible to provide facilities for adequate classification of the patients in the Infirmary by adaptation of the present buildings. The degree of overcrowding in this Institution is at times very marked, patients during rush periods having occasionally to be placed on the floors, and patients suffering from various types of illness having to be placed together in the one ward. It is also most unsatisfactory that nursing staff should be forced to live in temporary quarters, and that each nurse should not have a bedroom of her own.

The plans for the new municipal hospital and the new nurses' home are as indicated on page 29 of the 1936 report, except that two additional small blocks for mental patients have been approved by the local authority. These are to cost about £14,000. This town is in rather a unique difficulty, being over 45 miles away from the nearest acute mental hospital. It had been hoped that the building of a new hospital would have been commenced before the end of 1937, but the mass of work involved did not make this possible.

During the year a small consultant staff was appointed, but this training school still continues to lack a resident medical officer despite the representations of the Ministry of Health and of the Medical Officer of Health.

The following statistics relating to in-patients are taken from the annual return of the Medical Officer, Dr. S. W. Swindells, for the year 1937 :—

1.	Total number of admissions (including infants born in hospital) .. .. .. .. ..	1064
2.	Number of women confined in hospital .. .. ..	15
3.	Number of live births .. .. .. .. ..	13
4.	Number of still births .. .. .. .. ..	3
5.	Number of deaths among the newly-born ( <i>i.e.</i> , under four weeks of age) .. .. .. .. ..	Nil
6.	Total number of deaths among children under one year (including those given under item 5) .. ..	9
7.	Number of maternal deaths among women admitted to hospital for confinement .. .. .. .. ..	Nil.
8.	Total number of deaths .. .. .. .. ..	254
9.	Total number of discharges (including infants born in Hospital) .. .. .. .. ..	839
10.	Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods :—	
	(a) Under four weeks .. .. .. .. ..	472
	(b) Four weeks and under thirteen weeks .. .. ..	436
	(c) Thirteen weeks or more .. .. .. .. ..	185
11.	Number of beds occupied :—	
	(a) Average during the year .. .. .. .. ..	206
	(b) Highest—on 20th March .. .. .. .. ..	228
	(c) Lowest—on 28th August .. .. .. .. ..	191
12.	Number of surgical operations under general anaesthetic (excluding dental operations) .. .. ..	191
13.	Number of abdominal sections .. .. .. .. ..	73

Although the degree of overcrowding continues to be marked the total number of admissions was slightly less and the number of beds occupied was slightly lower than last year. The large increase in the amount of surgical work carried out which was noted last year has been maintained. The number of births in the infirmary continues to diminish. It has not been considered advisable to exclude all maternity cases from the institution owing to various social circumstances, but it is desirable that all cases where possible should be recommended to the municipal maternity home.

An effort is being made to see whether the overcrowding at the infirmary could not be diminished by utilising some of the accommodation at the "house," as the numbers in the latter continue to shew a steady diminution.

## No. 1 MEDICAL RELIEF DISTRICT.

Poor Law  
Medical  
Relief.

District Medical Officer—Dr. A. Harris, 20 Dudley Street.

Estimated Population—41,860.

## No. 2 MEDICAL RELIEF DISTRICT.

District Medical Officer—Dr. F. E. Hampton, 344 Cleethorpe Road.

Estimated Population—50,900.

There has not been any change in the nature of the work of the District Medical Officers since the transfer of the duties of the Poor Law Authority to the County Borough.

The number of attendances on persons in receipt of medical relief during the year ended the 31st December, 1937, was

	At Surgery.	At house of patient.	Medicine supplied without seeing patient.	No. of Maternity cases.
No. 1 Medical Relief				
District .. ..	1336	1500	911	Nil

	At Surgery.	At house of patient.	Medicine supplied without seeing patient.	No. of Maternity cases.
No. 2 Medical Relief				
District .. ..	1444	1681	385	Nil

Owing to the degree of unemployment there has been a slow and steady increase in the work carried out by the District Medical Officers.

The development of this branch of the health services was continued throughout the year, and now it can be stated that ascertainment is reasonably satisfactory. As the department has become better known to the public more and more cases are referred to it, particularly those of exceptional difficulty.

Care and  
Treatment of  
Mental  
Defectives.

During the year 81 cases have been referred from various sources. The police and the magistrates have shewn a further degree of inclination to achieve the closest possible co-operation with the department, and sympathetic consideration has been given to any comments from your medical officer in regard to cases brought to his notice. A certain number of cases keep coming to light through the activities of the Unemployment Assistance Board. The rate of ascertainment has been such that in the table of 83 county boroughs relating to the percentage ascertainment rate per thousand of population Grimsby has risen in three years from fourth from the bottom in 1935 to 26th from the top in 1936, and an even higher place in 1937.

The return of cases, including the new cases referred to above, for which the department has been responsible during the year was as follows:—

In Certified Institutions on 1/1/1937	..	..	..	55
Sent to Institutions during year	..	..	..	32
In Public Assistance Institution	..	..	..	48
On Licence from Institutions	..	..	..	4
Under Guardianship	..	..	..	13
Under Statutory Supervision	..	..	..	79
Under Voluntary Supervision	..	..	..	96
Action incomplete on 31/12/1937	..	..	..	68
				—
				395
Discharged from certificate during year	..	..	..	2
				—
				393

The need for institutional accommodation continues to be acute despite the fact that 17 beds are to be available at Harmston Hall Colony in 1938, and about 60 beds in the three other low-grade institutions under the Lincolnshire Joint Board about the same time. When these are filled there will still be many cases on the waiting list for which institutional accommodation will have to be found elsewhere as a number of cases will have to be moved from Bracebridge Mental Hospital and from Scartho Road Institution to relieve the strain on the accommodation at these places.

Occupation Centre.

The Occupation Centre continues its valuable work, 26 children being on the books and most of the older ones having been removed to institutions. Under the new regime the children continue to make remarkable improvement both mentally and physically. The summer camp inaugurated last year was repeated and was greatly enjoyed by the children, but had to be slightly curtailed on account of the persistent cold and inclement weather. Some of the children from Cleethorpes continue in attendance at the centre, the Lindsey County Council contributing a fixed sum for each child.

It has been recognised that the present premises are most unsatisfactory, particularly in winter time, and plans are being prepared for a new building.

Mental Treatment Act, 1930.

The special clinic under the Mental Treatment Act, 1930, has continued during the year under Dr. Macarthur, Medical Superintendent of Bracebridge Mental Hospital, Lincoln, at the Grimsby and District Hospital.

Private practitioners continue to take advantage of the Clinic, referring to it such of their patients as are in need of specialised advice and treatment, and cases presenting a variety of problems have also been referred by the Health Department. The Clinic continues to do valuable work.

The Secretary-Superintendent's figures for attendance are 11 cases as compared with 18 in the previous year.

## MATERNITY AND CHILD WELFARE.

I am indebted to Dr. J. W. Hepburn, Senior Assistant Medical Officer for Maternity and Child Welfare, for supplying the following report :—

The marked increase in the home-visiting noticeable in 1936 was not fully maintained in 1937, as will be seen from the following table :—

	1937.	1936.	1935.
(a) First visits to children under 1 year	1470	1638	1426
(b) Subsequent visits under 1 year	11661	11941	8280
(c) Visits to children over 1 year	13775	14791	12347

There has been, however, a considerable drop in the number of births to account for the decrease in the number of first visits to children under one year.

The total number of home-visits paid by health visitors during 1937 was 29,568, as compared with 31,505 in 1936 and 27,174 in 1935.

Two Health Visitors and the Superintendent Health Visitor have conducted routine mothercraft classes.

In November, 1937, the Superintendent Health Visitor, Miss A. M. D. Allford, left this area to take up a similar post in Croydon and her successor did not commence duty until 1st January 1938.

Of the 50 midwives who notified their intention to practice *Midwives*, sixteen were employed by the Local Authority, eight in the Municipal Maternity Home and eight in Scartho Road Infirmary.

Owing to the coming into force of the Midwives Act, 1936, there was an increase in the number of midwives who notified their intention to practice, but the number of practising midwives was diminished by the voluntary or compulsory retirement of four midwives and in addition several left the area.

1,341 confinements were attended by midwives, 373 as maternity nurses and 968 as midwives, thus, of the total of 1,394 births notified, 96% were attended by midwives either with or without a medical practitioner. The remaining 4% were chiefly attended by medical practitioners with the assistance of handy-women or relatives of the patients. The use of handy-women will now cease, as in January, 1938, the Order prohibiting the attendance on women in child-birth of all unqualified persons was obtained.

Medical aid was summoned by independent midwives in 187 cases and by the midwives at the Municipal Maternity Home to 128 cases, or 32.5% of the total cases delivered by them.

The nature of the emergencies is seen in the following table. In only 15 cases was the use of forceps necessary, namely in three cases for P.O.P. presentation and three cases for contracted pelvis. In the others, under size of child or uterine inertia led to the application of forceps.

(a) ANTE-NATAL	..	..	16			
Albuminuria	..	..	..	..	..	4
Threatened abortion	..	..	..	..	..	7
Phlebitis	..	..	..	..	..	1
Glycosuria	..	..	..	..	..	1
Urticaria	..	..	..	..	..	1
Oedema vulva	..	..	..	..	..	1
Contracted pelvis	..	..	..	..	..	1
(b) CONFINEMENT	..	..	114			
Albuminuria	..	..	..	..	..	2
Anæmia	..	..	..	..	..	1
Ante-partum haemorrhage	..	..	..	..	..	8
Abnormal presentation	..	..	..	..	..	7
Breech	..	..	..	3		
Persistent Occipito-presentation	..	..	..	3		
Face presentation	..	..	..	1		
Collapse	..	..	..	..	..	2
Dystocia	..	..	..	..	..	16
Exhaustion	..	..	..	1		
Uterine inertia	..	..	..	3		
Heart disease	..	..	..	1		
Delayed labour	..	..	..	11		
Exhaustion following B. B. A.	..	..	..	..	..	1
Miscarriage	..	..	..	..	..	7
Oedema labia	..	..	..	..	..	1
Placenta Prævia	..	..	..	..	..	1
Membranes retained	..	..	..	..	..	2
Placenta adherent	..	..	..	..	..	3
Post-partum haemorrhage	..	..	..	..	..	3
Premature labour	..	..	..	..	..	1
Rupture of perineum	..	..	..	..	..	56
Dangerous varices	..	..	..	..	..	1
Rising pulse rate	..	..	..	..	..	1
(c) PUERPERIUM	..	..	15			
Puerperal pyrexia	..	..	..	..	..	10
Acute mastitis	..	..	..	..	..	1
Pulmonary embolism	..	..	..	..	..	1
Acute bronchitis	..	..	..	..	..	1
Hæmatoma of labia	..	..	..	..	..	1
Thrombo-phlebitis	..	..	..	..	..	1
(d) INFANT	..	..	42			
Discharging eyes	..	..	..	..	..	19
Blepharitis	..	..	..	..	..	1
Dangerous feebleness	..	..	..	..	..	13
Asphyxia	..	..	..	..	..	1
Acute bronchitis	..	..	..	..	..	2
Deformities	..	..	..	..	..	3
Hæmatemesis	..	..	..	..	..	1
Loss of weight	..	..	..	..	..	1
Feeding	..	..	..	..	..	1

On 16th August, 1937, the new municipal midwifery service was commenced, though the full staff of twelve midwives, two relief midwives and a superintendent midwife was not then available. By the beginning of October, however, the full staff was at work. Midwives Act, 1936.

After much consultation with the British Medical Association, the Midwives Institute, and with various voluntary midwifery organisations of the area, it was decided that the local District Nurses Association should give up midwifery and maternity work, but one voluntary organisation refused to co-operate in any way with the Local Authority and, since the inception of the scheme, has set up in opposition and increased its number of staff from two to four midwives: by cutting fees to a flat rate of 25/- per case, whether midwifery or maternity, primipare or multiparae, they have been successful in reducing and cramping the work of the municipal service to some extent. There is ample scope for good private midwives in this area, namely, midwives who would charge a reasonable fee to better class patients.

Herewith is appended a copy of the scale of fees charged for the services of the municipal midwives and the terms of service on which these midwives are held, together with a full report of the work done by the municipal midwives until 31st December, 1937.

**SCALE OF FEES.**—Fees shall be payable for the attendance of Municipal Midwives or as Maternity Nurses and shall be recoverable from any patient on whom the municipal midwife has attended or from the husband or other person liable to maintain such patient, as follows:—

*First Confinement.*

Where the weekly income less rent is :—

Over 25/- per head .. .. .. ..	£3	0	0
Between 18/- and 25/- per head .. .. .. ..	£2	10	0
Between 15/- and 18/- per head .. .. .. ..	£2	0	0
Between 12/- and 15/- per head .. .. .. ..	£1	10	0
Between 9/- and 12/- per head .. .. .. ..	£1	5	0
Below 9/- per head .. .. .. ..	£1	0	0
If : Out of work and no maternity benefit ..	Free		
Out of work and one maternity benefit ..	10/-		
Out of work and two maternity benefits ..	15/-		

*Second and subsequent children.*

Where the weekly income less rent is :—

Over 25/- per head .. .. .. ..	£2	10	0
Between 20/- and 25/- per head .. .. .. ..	£2	0	0
Between 15/- and 20/- per head .. .. .. ..	£1	10	0
Between 10/- and 15/- per head .. .. .. ..	£1	0	0
Below 10/- per head .. .. .. ..	15	0	

If : Out of work and no maternity benefit ..	..	Free
Out of work and one maternity benefit ..	..	5/-
Out of work and two maternity benefits ..	..	10/-

If the Maternity and Child Welfare Committee for the time being appointed by the Authority is satisfied that the persons from whom the fees are recoverable cannot reasonably, having regard to their financial circumstances, be required to pay more than a part of the fees, or any part of the fees whatsoever, it may remit such part of the fees as those persons are in the opinion of the Authority unable to pay, or the whole of the fees, as the case may be.

After the assessment of the charges to be paid by the patient or other person under this scale a deduction of 5/- shall be made in all cases booked before the twentieth week, and that an additional 2/6 shall be charged where the municipal midwife has been called in without previous booking.

In any case where the patient does not desire to disclose particulars of financial circumstances the maximum fee may be charged.

*Conditions of Service of Midwives to be employed by Authority.*

The Authority may employ up to a total of 15 midwives which number shall consist of 12 district midwives, 2 relief midwives, and one superintendent midwife, and shall be regarded as a maximum.

For the purpose of this Scheme, the Borough shall be divided into four areas, and there shall be three midwives allocated to each area, the three remaining midwives employed by the Authority shall be available for relief duties, in respect of holidays, off-duty times and refresher courses. The division of the Borough shall be as follows :—

DISTRICT No. 1.

Little Coates, South West,  
Alexandra and Victoria wards.

DISTRICT No. 2.

North-East, Humber and  
Wellington wards.

DISTRICT No. 3.

Central, Hainton, Clee and  
small part of Weelsby wards.

DISTRICT No. 4.

South, Wellow, Scartho and  
Weelsby wards.

The maximum age limit of any midwife to be employed by the Authority at the commencement of the Scheme shall be 55 years, and the age limit for midwives subsequently engaged shall be 35 years.

The age limit for retirement of municipal midwives shall be 60 years, subject to an extension of not more than 5 years at the discretion of the Authority by annual review.

All other midwives over the age of 60 years shall be compulsorily retired within three years unless they have voluntarily elected to retire.

All midwives at the commencement of this Scheme, before being engaged by the Authority, may be required to complete an approved period of practice at the Municipal Maternity Home to the satisfaction of the Authority on full salary with proper reductions for board and lodging.

All municipal midwives shall be unmarried or widowed and shall be required to resign on marriage ; provided that this condition shall not prevent the Authority from employing married midwives in practice at the date of the commencement of this Scheme. Married midwives with children under the age of 10 years/or of child-bearing age may be employed at the option in each case of the Authority but only in a temporary capacity and subject to annual review by the Authority.

The salary of a general trained midwife shall be £200, rising by annual increments of £10 to £220 per annum, but in the case of midwives with qualification only of the Certificate of the Central Midwives Board, the salary shall be £180, rising by annual increments of £5 to £200 per annum.

In fixing the salary of a municipal midwife the Authority shall have regard to the qualifications and experience of the midwife in deciding at what stage in the scale the salary of such municipal midwife shall commence.

The salary of the superintendent midwife shall be £250, rising by annual increments of £10 to £300 per annum.

Each municipal midwife shall have a day off per week except in the week when she receives a long week-end. Each municipal midwife shall have a long week-end off duty once a month, from Friday 2 p.m. to Monday noon, and also four weeks holiday per year, but not necessarily for consecutive weeks.

Each municipal midwife shall have a month's refresher course in the first two years and one month in each subsequent three years. Any fees and reasonable incidental expenses incurred will be paid by the local authority.

The Authority shall be responsible for reasonable expenditure incurred by any municipal midwife in respect of the following, namely :—(i.) Travelling, (ii.) Professional laundry services, (iii.) Use of telephone, (iv.) Equipment, (v.) Uniform.

The preliminary booking of the municipal midwife shall be done by the patient at the midwife's private residence and the assessment as to the fee payable will be made by the local authority. The municipal midwife shall endeavour to collect the first instance, using the instalment system if considered necessary.

It shall be the duty of the municipal midwife to see that fullest possible use is made of the Municipal Maternity Home in cases of (i.) abnormality, (ii.) inadequate housing.

In all cases where a private practitioner has not been booked the fullest possible use shall be made of the ante-natal clinics, and the municipal midwife shall attend such clinics with her patient on the first occasion and as often as possible thereafter ; where

no private practitioner is in attendance it shall be the responsibility of the municipal midwife booking the case to see that sufficient details of the patient's ante-natal record are available for any private practitioner called in in emergency.

All appointments under this Scheme shall be subject to the Rules and Regulations made from time to time by the Central Midwives' Board, and any such appointment may be terminated by the Authority (a) with the approval of the said Board or (b) in the event of the withdrawal of the midwife's certificate by the said Board or (c) on the ground of ill-health of the midwife, after examination by an independent medical practitioner nominated by the Authority.

**Municipal  
Midwives.**

The record of the work done by the municipal midwives is given below, but a full report of the work done by all midwives in the area during 1937 is given in Table M. & C.W. 6.

*Visits.*

Ante-natal	..	..	1,598			
Nursing	..	..	4,003			
Special	..	..	174			
Cases referred to Ante-natal Clinics				..	..	268
Cases booked				..	..	360

**Inspection  
of Midwives.**

Prior to the inception of the midwives scheme, 15 visits of inspection were made by the inspector of midwives, but thereafter 9 visits were paid to independent midwives and 26 to municipal midwives.

Routine supervisory visits were also made by the superintendent midwife to all cases attended by municipal midwives.

**Maternal  
Mortality.**

The rate for 1937 was 1.26, there having been only two maternal deaths during the year, as compared with 7 in 1936, and 15 in 1935.

The causes of death were :—

1. Puerperal Septicaemia following miscarriage.
2. Other accidents and diseases of pregnancy.

Duration of pregnancy :—

1. 16 weeks.
2. 40 weeks.

Economic and Domestic Circumstances :—

Fair	..	..	..	..	2
------	----	----	----	----	---

Ante-natal care :—

Received	..	..	..	..	1
Not received	..	..	..	..	1

## Place of Confinement :—

Domiciliary	..	..	..	1
Municipal Maternity Home	..	..	..	1

## Pregnancy :—

Multiparae	..	..	..	1
Primiparae	..	..	..	1

## Delivery :—

Instrumental	..	..	..	1
Natural	..	..	..	1

## Labour :—

Attended by general practitioner	..	2
----------------------------------	----	---

Institutional treatment was provided for both cases, delivery of one being conducted in the Municipal Maternity Home after removal to that institution in emergency. In this case, antenatal care was inadequate owing to the patient refusing to co-operate with the ante-natal clinic, midwife and private practitioner, despite the fact that she had been warned that a difficult confinement was probable.

Prior to 1st October, 1937, six cases of puerperal fever were notified, but as a result of the omission of puerperal fever from the definition of notifiable disease in Section 343 of the Public Health Act, 1936, as and from 1st October, 1937, so much of the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, as related to puerperal fever ceased to have effect outside the county of London and the obligation imposed by Part 3 of the Regulations to notify cases of puerperal pyrexia will include the condition notifiable as puerperal fever under the Infectious Diseases (Notification) Acts. All subsequent notifications therefore were of puerperal pyrexia.

Puerperal  
Fever and  
Pyrexia.

Throughout the year, 30 cases of puerperal pyrexia were notified and one of these cases, occurring in the early part of 1937, was subsequently notified as fever.

The case rate per 1,000 births (live and still) in the Borough for puerperal fever and puerperal pyrexia was 23.55, as compared with 13.93 in England and Wales.

18 cases were removed to hospital for treatment and only one case ended fatally.

Confinement took place in patient's own home in 17 cases, and the remainder at the Municipal Maternity Home.

## Attendant at birth :—

Doctor	..	..	..	..	..	8
Doctor and Midwife	..	..	..	..	..	16
Doctor and handy-woman	..	..	..	..	..	1
Midwife	..	..	..	..	..	10
No attendant	..	..	..	..	..	1

The causes of Pyrexia were as follows :—

Domiciliary confinements.

(a)	Acute albuminuria	..	..	..	..	1
(b)	Cervical tear and abscess in pouch of Douglas	..	..	..	..	1
(c)	Cervical tear and acute endometritis, with accompanying thrombo-phlebitis and lymph-harangitis	..	..	..	..	5
(d)	Septic lacerations of vulva and vagina following forceps delivery	..	..	..	..	1
(e)	Septic abortion	..	..	..	..	3
(f)	Retained placenta and putrid endometritis	..	..	..	..	2
(g)	Influenzal pneumonia	..	..	..	..	1
(h)	Acute mastitis and B. Coli septicaemia	..	..	..	..	1
(i)	No information	..	..	..	..	2

In two of the above cases, delivery was effected with difficulty with forceps.

MUNICIPAL MATERNITY HOME CONFINEMENTS.

In 6 cases, pyrexia occurred in patients previously sent into the Home for ante-natal treatment, the conditions treated being—

Acute albuminuria	..	..	..	..	2
Severe anæmia and disproportion	..	..	..	..	1
Valvular disease of the heart	..	..	..	..	3

In 5 cases, pyrexia occurred following Caesarean Section. All the remaining cases except one, a forceps delivery, were normal deliveries.

The causes of Pyrexia were :—

(a)	Infection of respiratory organs viz., streptococcal naso-pharingitis broncho-pneumonia	..	..	..	..	3
(b)	Septic lacerations	..	..	..	..	3
(c)	Stitch abscess of C.S. wound	..	..	..	..	1
(d)	Acute mastitis	..	..	..	..	2
(e)	Sub-acute mastitis	..	..	..	..	3
(f)	Chronic salpingo-oophoritis, leading to premature delivery of twins	..	..	..	..	1
(g)	Sub-acute endometritis and metritis following puerperal sepsis at previous confinement	..	..	..	..	1
(h)	Pyelitis	..	..	..	..	1
(i)	Retained membranes	..	..	..	..	2
(j)	Hæmolytic streptococcal infection of vagina	..	..	..	..	1
(k)	No known cause	..	..	..	..	1

In three of the above cases, removal to the isolation hospital was obtained at the onset of pyrexia and before the case became notifiable, owing to the discovery of haemolytic streptococci in the vagina.

Part I. of the Children Act, (as amended by the Children and Young Persons Act, 1932) is administered by the Maternity and Child Welfare Department and the seven health visitors, under the supervision of the Superintendent health visitor, carry out the duties of infant life protection visitors.

Children Act,  
1908-32.

The number of persons receiving children for reward on the Register at the end of 1937 was 27, and the number of children in their care was 28.

24 applications for registration were received during the year, twelve of which were for temporary registration only. After investigations were carried out, registration was granted in all cases.

240 home visits were made to boarded-out children by the health visitors during the year.

36 cases were referred for treatment and only two failed to attend. One case received prolonged institutional treatment in an orthopædic hospital outside the area, and another case was admitted to a similar hospital outside the area at the end of the year. All other cases received treatment at the Grimsby and District Hospital.

Orthopædic  
Treatment.

Some of the conditions treated were :—

Talipes .. . . . .	5
Congenital pes planus .. . . . .	2
Rachitic deformities of legs .. . . . .	7
Scoliosis .. . . . .	2
Spastic diplegia .. . . . .	2
Spina bifida .. . . . .	2
Meningocele and paralysis of limbs .. . . . .	1
Tortocollis .. . . . .	1
Erbs paralysis .. . . . .	1
Infantile paralysis .. . . . .	2
Congenital deformities of hands and foot .. . . . .	1

The Maternity and Child Welfare Committee has been responsible for payment of their proportion of cost incurred for both in-patient and out-patient treatment of such cases at the Grimsby and District Hospital in accordance with the arrangements made in 1936, and for the proportion of the total sum paid by the local authority as allocated on a user basis.

As in past years a voluntary organisation provides for the care and reception of unmarried mothers, the majority of whom are transferred to special institutions in other parts of the country. There is still difficulty in persuading some of these girls to leave home, though there is no doubt that the care, training and discipline of these homes is most beneficial. In some instances, arrangements have been made for the confinements to take place in the Municipal Maternity Home from which the patients and their infants were discharged to the care of relatives or friends.

A tribute must be paid to the able assistance received in this respect from Miss Hough, the Matron of the Home of Help for Girls.

There has still been difficulty in finding suitable homes for the boarding-out or adoption of such infants, except in the Nursery and Children's Home provided by the Public Assistance Committee.

**Maternity and Nursing Homes.**

In accordance with the Midwives and Maternity Homes Act, 1926, and the Nursing Homes Act, 1927, three nursing homes are registered for the reception of maternity and surgical cases, one being registered for surgical cases only.

The usual routine visits of inspection were made and conditions found to be satisfactory.

		Maternity Homes.	Nursing Homes.
No. of applications for Registration 1937	..	Nil	Nil
No. of Homes registered .. .. ..	..	2	3
No. of Orders made refusing or cancelling Registration .. .. ..	..	Nil	Nil
No. of appeals against such Orders .. ..	..	Nil	Nil
No. of cases in which Orders have been :—			
(a) Confirmed on appeal .. .. ..	..	Nil	Nil
(b) Disallowed .. .. ..	..	Nil	Nil
No. of applications for exemption from Registration .. .. ..	..	Nil	Nil
No. of cases in which exemption has been :—			
(a) Granted .. .. ..	..	Nil	Nil
(b) Withdrawn .. .. ..	..	Nil	Nil
(c) Refused .. .. ..	..	Nil	Nil

**Notification of Births.**

During 1937, 1,516 live-births and 55 still-births were registered. There is still a considerable number of births not notified, and information concerning them is obtained from the local registrar of births and deaths. It is hoped that the number of un notified births will diminish considerably as the result of the municipal midwifery service.

**Infant Mortality.**

The Infant Mortality Rate for 1937 was 57, as compared with 67 in 1936, 63 in 1935, and 49 in 1934, and was lower than the rest of the country.

There were 86 deaths of infants under one year of age and the chief causes of death were prematurity, respiratory diseases, congenital defects (including congenital debility, atelectasis and injury at birth) and diarrhoea and enteritis.

		Percentage of infant deaths.	1937.	1936.	1935.
Prematurity .. ..	..	33.72%	26.54%	23.5%	
Respiratory diseases ..	..	16.28%	25.66%	28.4%	
Congenital defects ..	..	13.95%	24.77%	25.3	
Diarrhoea and enteritis ..	..	13.95	6.3%		

Enquiries were made into the 29 deaths from prematurity and the following conditions were found to have contributed to the onset of premature labour :—

Influenza	..	..	..	..	..	1
Ante-partum haemorrhage	..	..	..	..	..	7
Albuminuria	..	..	..	..	..	3
Hydramnios	..	..	..	..	..	1
Shock	..	..	..	..	..	2
Pyelitis	..	..	..	..	..	1
Cæsarean Section—double uterus	..	..	..	..	..	1
Twin pregnancy	..	..	..	..	..	6

In two of the above cases, cæsarean section was performed so early as to render the survival of the infant extremely improbable. Four multiple pregnancies ended prematurely and six of the infants then born died.

#### Home conditions.

Poverty	..	..	..	..	11
Working class	..	..	..	..	14
Comfortable	..	..	..	..	4

#### Ante-natal care.

Received	..	..	..	..	25
Not received	..	..	..	..	4

#### Place in family.

1st child	..	..	..	..	11 cases.
2nd	..	..	..	..	7 "
3rd	..	..	..	..	4 "
4th	..	..	..	..	4 "
5th	..	..	..	..	1 "
9th	..	..	..	..	1 "
12th	..	..	..	..	1 "

#### Duration of pregnancy.

24 weeks	..	..	..	..	1
28	"	..	..	..	5
30	"	..	..	..	4
32	"	..	..	..	7
35	"	..	..	..	1
36	"	..	..	..	4

No information was obtained in the remaining seven cases. In six cases there was no known cause for the onset of premature labour and unfortunately some of these cases had received either no ante-natal care or very little supervision.

Assistance in the form of milk, extra vitamins, iron and calcium preparations is given as a routine to all cases attending the ante-natal clinics, but in view of the present depressed condition of the town, it would seem essential to consider the provision of dinners for expectant mothers. In too many cases the

diet of the expectant mother is badly balanced and consists of an excess of starches and tinned foods, the importance of the inclusion in the dietary of fresh dairy produce, fruit and vegetables, meat and fatty fish not being fully realised ; in many cases, moreover, such inclusion is almost impracticable owing to poverty. The figures showing the effect of the provision of meals for the expectant mothers in the distressed areas are very striking.

The neo-natal death rate was 27.65, as compared with 38 in 1936 and 25.9 in 1935.

48.8% of the total infant deaths occurred within a month of birth, the chief cause as usual being prematurity.

42 of the total 86 infant deaths occurred in the first month, and of this number 28 were due to prematurity. Other causes were—Congenital malformations, 2 ; atelectasis, 2 ; congenital debility, 2 ; and injury at birth, 4.

As will be noticed at the commencement of this section, diarrhoea and enteritis accounted for 13.95% of the total infant deaths. Enquiry obtained the following information :—

Bad mother-craft	..	..	..	2 cases.
Attended infant welfare centres	..	5	..	"
Received institutional treatment	..	6	..	"
Died in institution	..	..	..	5 "

#### Home conditions.

Poor	..	..	1	
Fair	..	..	3	
Good	..	..	8	
Breast fed at birth	..	..	..	10
Artificially fed at birth	..	..	..	1
No information	..	..	..	1

#### Duration of breast feeding.

2 weeks	..	..	..	..	1
1 month	..	..	..	..	3
2 months	..	..	..	..	3
3 "	..	..	..	..	1
4 "	..	..	..	..	1
6 "	..	..	..	..	1

#### Nature of artificial food given after weaning.

Milk and barley water	..	..	..	1
Dried milk	..	..	..	4
Condensed milk	..	..	..	5
No information	..	..	..	2

#### Months of death.

April	..	..	2	September	..	..	2
May	..	..	2	October	..	..	2
August	..	..	2	December	..	..	2

## Place in family.

1st child	..	3	5th child	..	..	1
2nd "	..	4	6th "	..	..	1
3rd "	..	2	7th "	..	..	1

In five cases there had been an illness lasting from one to three months and great difficulty had been found in making the infant assimilate its food.

Gastro-enteritis was precipitated in two cases by difficult dentition. There was, however, a noticeable amount of diarrhoea in the months of September and October in infants attending the various clinics, this yielded very quickly to adequate and speedy treatment.

Full information as to the other causes of infant mortality will be found in the statistical tables.

There were 55 cases of still-birth during 1937 and the following information was obtained from routine investigation. Still-Births.

Primiparae.	Multiparae.	Ante-natal care.					
		Doctor.	Midwife.	Ante-Natal Clinic.	Hospital or Maternity Home	No ante-natal care received.	
22	33	23	5	18	7	2	

In 1936, out of 68 cases of still-birth, no less than 15 cases received no ante-natal care: this year only 2 cases received no ante-natal care, but several cases were seen only once, either owing to late booking or to objection to having any supervision.

The attendant at birth was—

Doctor	..	..	..	..	9
Midwife	..	..	..	..	30
Doctor and midwife	..	..	..	..	11
Doctor and handy-woman	..	..	..	..	4

Three cases each had two previous still-births and three cases each had one previous still-birth: in no case was there a positive Wasserman Reaction.

The apparent causes of still-birth were as follows:—

Albuminuria	..	..	..	..	..	3
Albuminuria with A.P.H.	..	..	..	..	..	2
Ante-partum haemorrhage	..	..	..	..	..	8
Accident to mother	..	..	..	..	..	3
Breech delivery	..	..	..	..	..	3
Contracted pelvis and craniotomy	..	..	..	..	..	1
Congenital defects of baby	..	..	..	..	..	3
Difficult labour	..	..	..	..	..	2
Hydramnios	..	..	..	..	..	2

High blood pressure ..	..	..	..	..	1
Ill-health of mother, V.D.H. ..	..	..	..	..	1
Prematurity ..	..	..	..	..	13
Prolapsed hand and cord ..	..	..	..	..	1
Strangulation by cord ..	..	..	..	..	2
Velamentous placenta ..	..	..	..	..	1
No known cause ..	..	..	..	..	9

The causes of onset of premature labour were as follows :—

Ante-partum haemorrhage ..	..	..	..	..	1
Hydramnios and anencephaly ..	..	..	..	..	2
Breech—external version ..	..	..	..	..	1
Ill-health of mother (influenza, etc.) ..	..	..	..	..	4
Shock ..	..	..	..	..	1
Toxaemia ..	..	..	..	..	1

In three cases there was no known reason for the onset of premature labour.

**Artificial Sunlight Clinic.**

This clinic was held thrice weekly throughout the year, except during the summer months.

Attendances were as follows :—

	Cases.	Attendances.
Under 1 year ..	45	507
Over 1 year ..	105	1669

The cases treated were all referred from the various infant welfare centres, though many were not regular attenders. It is found frequently that a mother who objects to attending an infant welfare centre is quite willing to bring her children for Ultra-Violet Radiation treatment and does so on the advice of her own doctor, or the health visitor of her district. Such cases are invariably children who are suffering from debility following some acute illness or marasmic infants in need of general toning up.

Other conditions treated are—malnutrition, rickets, debility due to chronic catarrhal conditions, adenitis, impetigo contagiosa, anæmia.

**Infant Welfare Centres.**

Certain changes have been made in the centres this year. The new clinic, in course of construction at Watkin Street in 1936, was completed early in 1937, and opened in April with a Maternity and Child Welfare exhibition. This was on show and proved a great success, being attended by a large number of people. Special visits by senior girls were arranged by the local authority and the organiser, Superintendent Health Visitor, health visitors, assisted by voluntary workers, conducted parties of girls round the various exhibits, demonstrating the various specimens. The educational films shown were greatly appreciated as also were the exhibits of garments and meals. The ante-natal clinics formerly held in Burgess Street, the infant welfare centre held in Watkin Street Cripples' Guildhall, were promptly transferred to the new clinic, and at the end of June, the infant welfare centre formerly held

in Victoria Street was also transferred there. Another change made was the inauguration of a new infant welfare centre at Old Clee. This district had been much in need of a clinic for some time, owing to the isolation and distance from both Hamilton Street and Nunsthorpe Infant Welfare Centres. Attendances at all centres have been maintained. The following table gives a comparison of attendances for the past three years :—

		1935.	1936.	1937.
Hamilton Street	.. ..	17,888	16,467	17,795
Watkin Street (including Victoria Street)	.. ..	18,991	17,434	17,695
Nunsthorpe	.. ..	9,410	9,255	8,457
Old Clee	.. ..	—	—	2,140
		46,289	43,156	46,087
To this number must be added toddlers	.. ..	—	1,010	1,277
		46,289	44,166	47,364

The drop in attendances in 1936 was due to sickness but the 1937 figure shows an increase of 1,075 over 1935, which was the peak year in attendances. The slight drop in attendances at Nunsthorpe may be partly attributed to transfer of cases to Old Clee. All the clinics, except the new one at Old Clee, are still over-crowded, and there is no remedy for this except the opening of additional sessions. At present the existing staff is inadequate to deal with more sessions, all time being fully occupied.

At Watkin Street, owing to the provision of class rooms and toddlers rooms, the over-crowding is not so marked, but at Nunsthorpe and Hamilton Street the premises are totally inadequate for the numbers attending. An attempt has been made to diminish over-crowding at Nunsthorpe by opening a morning session for weighing babies and also for the provision of assistance, but even this arrangement does not completely control the situation. Moreover, this does not lessen in any way the consultation work to be done by the medical officers.

The local authority is greatly indebted to the voluntary workers who so kindly give their time and support to the work, and also to the V.A.D.'s who give regular assistance in the weighing room at infant welfare centres and also take charge of all urine testing at the ante-natal clinics. Much help has been given also by the members of the voluntary sewing party in the making of sets of model garments for infants and toddlers, re-construction of thrift garments, and the making of curtains for the new centre. Thanks must also be given to those members who have raised funds by holding various whist-drives, garden parties and jumble sales.

A list of the voluntary workers attending the various clinics is given at the commencement of the annual report.

## Mothercraft.

The mothercraft class held weekly at Nunsthorpe has continued to attract ante-natal cases attending the clinic there, but it is hoped that the attendances will grow more as the class becomes better known. At Watkin Street and Nunsthorpe ante-natal clinics, model garments for both mothers and babies are demonstrated by a voluntary worker and the mothers are encouraged to bring their new material to the clinic to be made up. Short talks are given regularly at Watkin Street ante-natal clinic, but the cookery classes have not yet been commenced.

44 cases made a total of 96 attendances during 1937.

## Distribution of Milk.

Applications for assisted milk supply were dealt with by the assistant medical officer of health and her recommendations were considered monthly by the Maternity and Child Welfare Committee. Distribution of dried milk food or fresh milk vouchers takes place at infant welfare centres and the number of cases assisted during 1937 showed an increase over former years. Assistance is given to expectant mothers as early in pregnancy as is thought necessary and special milk allowances have been made to toddlers between the ages of two and five years. Small contributions have been received from the mothers towards the cost of the milk allowed where circumstances permitted, but a number of cases were allowed assistance free of charge.

The following table shows details of distribution of dried milk foods at each centre:—

	Sales.		Gifts.	
	cwts.	lbs.	cwts.	lbs.
Hamilton Street .. ..	12	39	95	14
Watkin Street .. ..	8	64	66	27
Victoria Street .. ..	3	2	17	85
Nunsthorpe .. .. ..	14	81	21	6
Old Clee .. .. ..	3	73	6	41
Municipal Maternity Home ..	1	32	—	—
	43	67	206	61

Total distribution 250 cwts. 16 lbs. (or 28,016 lb. packets).

In addition, 5,063 gallons of fresh milk were allowed to necessitous cases by means of a voucher system, and all milk allowed is either pasteurised or tuberculin tested.

The number of cases receiving assistance during the year was as follows:—

Hamilton Street .. .. ..	506
Watkin Street .. .. ..	370
Victoria Street .. .. ..	143
Nunsthorpe .. .. ..	136
Old Clee .. .. ..	23
	1,178

Two special sessions weekly were held for the examination of toddlers, and in addition extra sessions were given during the month of August when, owing to the closure of the schools, three sessions weekly were available.

Toddlers' Clinics.

583 new cases attended and in all 1,277 attendances were made by new and old cases, an increased attendance of 267 over that of 1936. On investigation of the records, it was found that at one clinic only 19.5% of the children examined were completely free from defect. This clinic deals largely with children from houses where there is extreme poverty and the result, though depressing, is not surprising. The defects found were to a great extent easily remediable and the health visitors followed up all defects to secure treatment. All cases of squint are referred for treatment to the ophthalmic clinic by special appointment, the Maternity and Child Welfare Committee being responsible for the payment of the services of the ophthalmic surgeon. Similarly, all orthopaedic cases are referred to the orthopaedic surgeon for examination and treatment.

The defects found are listed herewith :—

Squint .. .. .. .. .. .. .. ..	31
Blepharitis .. .. .. .. .. .. .. ..	21
Skin (impetigo, urticaria, eczema, scabies, nævus, recurrent lupus, alopecia) .. .. .. .. .. .. .. ..	57
Defective hearing .. .. .. .. .. .. .. ..	3
Otorrhœa .. .. .. .. .. .. .. ..	5
Tonsils and adenoids .. .. .. .. .. .. .. ..	141
Defects of nose and throat .. .. .. .. .. .. .. ..	43
Dental disease .. .. .. .. .. .. .. ..	220
Adenitis .. .. .. .. .. .. .. ..	142
Heart .. .. .. .. .. .. .. ..	5
Lungs .. .. .. .. .. .. .. ..	57
Digestive system .. .. .. .. .. .. .. ..	39
Rickets .. .. .. .. .. .. .. ..	83
Other deformities .. .. .. .. .. .. .. ..	9
Nervous system (highly nervous, epilepsy, enuresis, imbecile, dull and backward, idiot) .. .. .. .. .. .. .. ..	36
Speech .. .. .. .. .. .. .. ..	11
Malnutrition .. .. .. .. .. .. .. ..	70
Chorea .. .. .. .. .. .. .. ..	2
Hernia .. .. .. .. .. .. .. ..	5
Pre-tubercular (plus Mantoux) .. .. .. .. .. .. .. ..	2
Hydrocele .. .. .. .. .. .. .. ..	1
Rectal polypus .. .. .. .. .. .. .. ..	1

Extra milk and vitamins have been allowed wherever necessary and the improvement obtained has been very noticeable. Full use has also been made of the extra allowances provided by the Unemployment Assistance Board for necessitous cases. In many instances, however, what is really necessary is the transplantation of the child to more favourable surroundings, but in Grimsby we are handicapped by the lack of a convalescent home to which feeble

children can be referred for prolonged stay. There is no doubt that this is the only way to treat effectively those cases of chronic bronchitis so often seen after measles and whooping cough. In the small over-crowded house where poverty is marked there is little chance of effecting a cure, and the fact that the child is inadequately fed is only aggravated by the fact that even sleep is disturbed by the child having to share a room, if not a bed, with several others. In view of the present distressed state of the town, it is surprising that even 20 per cent. of the total children examined are without defect.

As usual, only a small proportion of the cases found to have dental defects was referred for treatment, the indications for treatment being dental sepsis and severe toothache. Frequently it is found that examination at the toddlers' clinics is refused until some defect is discovered and, more often than not, the defect demanding urgent treatment is dental disease. In this way many mothers come to the toddlers' clinics for the first time and thereafter become regular attenders with their children.

On the whole, 1937 has been a better year for attendances and there have been fewer failed appointments. If the first two year old appointment is not given as soon as the mother thinks it should be she is likely to attend with her child without appointment and she is never sent away without a routine examination having been made. The remarks made by the mothers with regard to what they think a child should eat throw much light on the dietary deficiencies of the average household, and a considerable time is taken up at each consultation in advising about diet and the preparation of food-stuffs. There is no doubt that much intensive work on mothercraft and cookery is required. Already there is a noticeable improvement in dental hygiene, and it is hoped that this improvement will be even more marked in school entrants.

As will be seen from the dental section of this report, 121 children under the age of five years were treated at the dental clinic, all having been referred from the toddlers' clinics.

It is interesting to note that at the second toddlers' clinic, no less than 36.4% of the children examined were found to be free from defect.

#### Test feeding Clinics.

Two sessions weekly were held until May, 1937, when a third was commenced at the new Watkin Street centre. 346 attendances were made and as a result, many women who had been on the point of weaning were encouraged to persevere with breast-feeding. As a routine, attention is given to the diet of the mother, and she is advised as to the correct management of breast-feeding, stimulation by massage and lavage and regular hours of rest. Again I emphasise the need for a special ward for the establishment of breast-feeding and/or a small nursery to which mothers might go for a day, or for several days in succession so that full investigation could be made.

In too many cases a mother does not attend an infant welfare centre or test-feeding clinic for the first time until lactation has almost failed, and without adequate means of treating such cases one is almost invariably doomed to failure in all available efforts to re-establish lactation. Unfortunately, too many mothers lack the desire to breast-feed, and one frequently hears of a mother in the municipal maternity home saying that as soon as she gets home she will wean her baby—this despite a plentiful supply of milk and no difficulties in feeding :—

Enquiries made into the records of feeding of infants born during 1937 gave the following results.

At the first visit (14 days) :—

75.5% were breast fed.  
5.6% „ combined breast and bottle fed.  
18.9% „ bottle fed.

At three months :—

45.8% were breast fed.  
5.6% „ breast and bottle fed.  
48.5% „ bottle fed.

At six months :—

34.5% were breast fed.  
6.4% „ breast and bottle fed.  
59.0% „ bottle fed.

The following is a comparison :—

		1936.	1926.
Breast-fed at first visit	..	80.3%	86.56%
Breast and bottle at third month	..	49.3%	63.58%
Bottle-fed at sixth month	..	35.5%	53.69%

These results are unsatisfactory when one considers all the efforts made at teaching in this respect.

Five sessions are held weekly, three at the municipal maternity home and two at Watkin Street.

Ante-natal Clinics.

	Cases.	Attendances.
Watkin Street .. .. ..	613	1913
Municipal Maternity Home .. .. ..	472	2099
Totals .. .. ..	1085	4012

In 1936 there were 4,774 attendances. The drop in attendances is attributable to the establishment of the municipal midwifery service and the more intensive domiciliary ante-natal work done by the midwives. All cases booked by municipal midwives are expected to attend either their family doctor or the ante-natal clinic for two routine examinations, the first immediately after booking and the second one at 36 weeks. More regular attendance is demanded should abnormality or morbidity be suspected or found.

The percentage attendance has risen from 57 in 1935 and 53 in 1936 to 77 this year.

The various conditions found during routine examinations at Watkin Street ante-natal clinics were :—

ABNORMAL PRESENTATIONS.

Breech	..	..	..	..	..	59
Posterior-vertex	..	..	..	..	..	15
Transverse	..	..	..	..	..	9
Extended head	..	..	..	..	..	3
High blood pressure	..	..	..	..	..	6
Albuminuria	..	..	..	..	..	45
Pyelitis	..	..	..	..	..	2
Glycosuria	..	..	..	..	..	14
Hydramnios	..	..	..	..	..	4
Ante-partum haemorrhage	..	..	..	..	..	8
Threatened abortion	..	..	..	..	..	2
Cystocele	..	..	..	..	..	1
Prolapse	..	..	..	..	..	1
Double uterus	..	..	..	..	..	1
Contracted pelvis	..	..	..	..	..	5

VENEREAL DISEASE.

Gonorrhœa	..	..	..	..	..	1
Syphilis, W.R.	..	..	..	..	..	6
Syphilis, W.R.+ (a routine Wasserman test is done wherever possible)	..	..	..	..	..	3

DISEASES OF CARDIO-VASCULAR SYSTEM :—

V. D. H.	..	..	..	..	..	14
Varices	..	..	..	..	..	45
Varicose ulcer	..	..	..	..	..	2
Phlebitis	..	..	..	..	..	1
Hæmorrhoids	..	..	..	..	..	5

PULMONARY DISEASES :—

Bronchitis	..	..	..	..	..	6
Pulmonary tuberculosis	..	..	..	..	..	1
Fibroid phthisis	..	..	..	..	..	1
Asthma	..	..	..	..	..	2
Influenza	..	..	..	..	..	1

DENTAL DISEASES :—

Dental caries	..	..	..	..	..	66
Pyorrhœa alveolaris	..	..	..	..	..	72

Malnutrition (severe)	..	..	..	..	..	9
Malnutrition and anaemia	..	..	..	..	..	28
Otitis Media	..	..	..	..	..	1
Keratitis	..	..	..	..	..	1
Goitre	..	..	..	..	..	4
Skin conditions	..	..	..	..	..	6
Hæmolytic streptococcal vaginal discharge	..	..	..	..	..	1
Mental deficiency	..	..	..	..	..	2

Two post-natal clinics were held weekly, one for maternity home cases and one for district cases. Post-natal Clinic.

Maternity Home cases made 308 attendances.

District cases made 221 do.

All the cases seen at the Maternity Home clinic are routine cases reporting for examination six weeks after delivery; but only ten cases reported for routine post-natal examination at the district clinic, the other cases reporting from infant welfare centres on account of gynaecological conditions.

197 cases attended the post-natal clinic at the Maternity Home and 71 cases attended the district post-natal clinic; of the latter, 8 were old cases.

The only morbid conditions found at the Maternity Home clinic were cervical erosions, retro-versions and slight sub-involution, although certain morbid conditions of heart, lungs, and kidneys were supervised for some time following the confinement and patient's discharge to her own home.

Cases of debility and anaemia following parturition were also found and treated where financial conditions were bad, or referred for treatment to their family doctor.

Of the ten routine examinations made at the district clinic, two patients were found to be suffering from post-partum debility and one from a stitch left in the perineum.

The following is a list of the defects found:—

Displacement of uterus:—

(a) Prolapses	..	..	..	..	..	10
Prolapses	..	..	..	..	4	
Prolapses with erosion and retroversion				2		
Prolapses with erosion	..	..	..	3		
Prolapses with cervical polypus	..	1				
(b) Retroversions	..	..	..	..	..	3
Retroversions	..	..	..	2		
Retroversion with cervical erosion	..	1				
Cervical erosions	..	..	..	..	..	11
Chronic cervicitis	..	..	..	..	..	2
Chronic salpingitis	..	..	..	..	..	2
Cervical polypus	..	..	..	..	..	1
Chronic appendicitis	..	..	..	..	..	1
Dysmenorrhœa	..	..	..	..	..	1
General debility	..	..	..	..	..	1
Incontinence	..	..	..	..	..	2
Leukoplakia	..	..	..	..	..	1
Menopause	..	..	..	..	..	2
Pregnancy with threatened miscarriage	..	..	..	..	..	1
Sciatica	..	..	..	..	..	1
Sterility	..	..	..	..	..	1

Seven cases attended for and were given advice on contraception.

In four cases no abnormality was discovered.

Referred for treatment :—

To hospital .. .. .. ..	4
To general practitioner .. .. ..	5
To tuberculosis dispensary .. ..	1

There was an increase of 12 cases and 92 attendances over that of 1936.

It is obvious that too few women attend for routine post-natal examination, but it is hoped that in time the benefits of such routine examination may become apparent to the mother and her objection to it will be gradually overcome.

**Ophthalmic Treatment.**

During the year cases have been referred from the toddlers' clinics to the special clinics held by the consultant ophthalmologist under the auspices of the Education Committee.

If the ophthalmic surgeon considers any case suitable it may be referred for orthoptic treatment.

37 cases were referred to the clinic and prescriptions were given in 26 cases. Assistance towards the cost of glasses was given in 9 cases, half the cost being paid by the parents and half by the Maternity and Child Welfare Committee.

**Ophthalmia Neonatorum.**

Twenty-six notifications of ophthalmia neonatorum were received during the year. By arrangement with the District Nurses Association home nursing was provided in eleven cases and two cases were removed to hospital. There was no incidence of damage to sight in twenty-five cases, and one case was still under treatment at the end of the year.

Of the cases occurring in 1936 one case was still under treatment at the beginning of this year but subsequently made a good recovery and there was no damage to sight. *See Table M. & C.W. 4.*

**Home-help Service.**

Home-helps have been employed to assist in seventeen cases during the year, and in the majority of cases were provided free of charge.

**Dental Treatment.**

Mr. C. F. Salt, L.D.S., gives the following report of work done during 1937 by the School Dentists. One session per week has been given throughout the year at Hamilton Street, and one session per week at Watkin Street since that clinic was opened in May.

413 adults and 121 children under five years of age were treated as compared with 245 adults and 93 children in 1936.

939 attendances were made during 68 sessions giving an average of 13.8 attendances per session.

77 nursing or expectant mothers were fitted with artificial dentures, and 4 dentures were repaired.

78 cases in various stages of treatment or for various reasons such as ill health, or not keeping up the required payments, are awaiting dentures.

	Attend- ances	Teeth Extracted	Gas N <sub>2</sub> O	Local	Fillings	Scaling	Dentures Fitted.	Dressings and other Operations.
Adults—413	797	1427	304	10	—	1	77	6
Infants—121	142	430	146	—	—	—	—	—
Totals	939	1857	350	10	—	1	77	6

There were 456 cases admitted to the Home during 1937, as compared with 517 in 1936, the average duration of stay being 14.7 days, as compared with 14 days in 1936. Municipal Maternity Home.

No separate ward is allocated for the reception of ante-natal cases, but so far as is possible ante-natal cases are segregated from newly delivered cases.

Two cases were admitted immediately after child-birth, one on account of retained placenta and the other because of extreme prematurity. 4.6% of the total deliveries were conducted by doctors and the remainder by the nursing staff.

The fees of 27 patients were paid by the Public Assistance Committee and Lindsey County Council were responsible for the fees of 3 patients.

Seven cases of abortion were admitted in the last month of the year, as the result of a decision of the Maternity and Child Welfare Committee that more intensive treatment should be given to such cases for a preliminary experimental period.

Sixteen cases of puerperal pyrexia were notified and a full report of the causation of such cases is given under the heading puerperal pyrexia.

This number seems high, but, in view of the morbidity of many of these cases prior to admission and delivery, the figure is not alarming. In three additional cases pyrexia developed after transfer to another hospital on account of symptoms of infection likely to be dangerous to other patients.

Only two maternal deaths occurred, one from shock following failed forceps and craniotomy, and the other from sub-acute nephritis and anaemia. Both cases were emergencies, and the second gave a history of prolonged anaemia and nephritis and death was therefore not regarded as being directly due to child-birth.

There were twelve deaths of infants within 10 days of birth, and the cause of death in each case is tabulated in Table M. & C.W.5. A full report on deaths from prematurity is given earlier in this report.

Two cases of ophthalmia neonatorum occurred and were transferred to the Corporation Hospital where they made a good recovery.

Two cases of pemphigus neonatorum occurred, but both were very mild and recovery was rapidly affected. One was transferred to the Corporation Hospital, but the other was discharged with its mother to its own home, where it was nursed by a special nurse. The source of infection was not discovered, despite careful enquiries, and no further cases occurred.

At the post-natal clinic, 197 cases made 308 attendances. There was an increase of 44 in the attendances over 1936, but there are still too many failed appointments.

For full statistical report of the work done in 1937, see *Table M. & C.W. 5.*

TABLE M. & C. W. 1.  
HOME VISITATION. WORK OF HEALTH VISITORS.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	Total
Visiting of children :—								
First Visits .. ..	203	208	173	222	244	175	245	1470
Subsequent visits (under 1 yr.)	1839	1425	1634	1755	1739	1512	1757	11661
do. do. (over 1 yr.)	1967	2285	2171	1910	1715	2166	1561	13775
Visits to Stillbirths .. ..	41	4	5	13	9	5	7	54
do. Ophthalmia Neo.cases								
First visits ..	2	1	2	1	6	2	4	18
Subsequent visits ..			1			3	3	7
do. Ante-natal cases ..	111	160	157	185	72	127	68	880
do. Whooping Cough cases	11	1	1			4	13	30
do. Measles cases ..	2	23	20	10	2	59	18	134
do. Chicken-pox cases ..	1	—	—		1	—	4	6
do. Infantile Diarrhoea cases ..	4	—	—			16	—	20
do. Puerperal Fever cases	1	—	1	—		—	—	2
do. do. Pyrexia cases	—	—	1	—	5	—	—	6
do. Cases under Children Acts, 1908-32 ..	72	17	45	11	33	15	48	241
do. Miscellaneous cases	137	300	172	142	213	133	167	1264
Total visits ..	4361	4424	4383	4249	4039	4217	3895	29568
Weekly average for each Health Visitor .. ..	93	94	93	90	86	89	83	—

TABLE M. &amp; C. W. 2.

NOTIFICATION OF BIRTHS.

Notified by	Live Births	Still Births
Medical Practitioners .. .. ..	406	12
Certified Midwives .. .. ..	937	31
Parents and others .. .. ..	8	—
Total Notifications received ..	1351	43

TABLE M. & C. W. 3.  
INFANT WELFARE CENTRES. STATISTICS.

	Hamilton Street	Watkin Street	Victoria Street	Old Clee	Nunsthorpe	Total
Number of names on register .. ..	701	412	381	159	373	2026
Attendances :—						
Mothers .. ..	8469	6533	1926	1008	4024	21960
Babies .. ..	5624	5077	1428	940	3612	16681
Children .. ..	3703	2156	489	192	839	7379
Average attendance per Session :—						
Mothers .. ..	86	90	80	39	84	—
Babies .. ..	57	70	59	36	75	—
Children .. ..	38	30	20	7	17	—
Consultations .. ..	3366	2231	750	456	1428	8231
Average Consultations per session .. ..	33	31	31	18	30	—

TABLE M. & C. W. 4.  
OPHTHALMIA NEONATORUM.

Notified	CASES		Vision un- impaired	Vision impaired	Total Blindness	Deaths				
	Treated									
	At Home	In Hospital								
26	24	2	*25	—	—	—				

\* One case was still receiving treatment at the end of the year.

TABLE M. &amp; C. W. 5.

Name of Institution .. ..	Municipal Maternity Home.
Number of Beds .. ..	38
Address .. .. ..	Second Avenue, Nunsthorpe, Grimsby.
Medical Superintendent ..	DR. J. W. HEPBURN.
Matron ..	MISS M. L. ARCHER.

Information required.	Particulars.
(1) Number of Maternity cases admitted during the year .. .. ..	456
(2) Average duration of stay .. ..	14.7 days.
(3) No. of cases delivered by— (a) Midwives .. .. .. (b) Doctors .. .. ..	411 (2 B.B.A.) (7 abortions). 20
(4) No. of cases in which medical assistance was sought by a midwife in emergency .. .. ..	128
(5) No. of cases notified as— (a) Puerperal fever .. .. .. (b) Puerperal pyrexia .. .. ..	Nil 16
(6) No. of cases of pemphigus neonatorum	2
(7) No. of infants not entirely breast fed while in the institution .. ..	45
(8) No. of cases notified as ophthalmia neonatorum, stating the result of treatment in each case .. ..	2 (One case well on discharge. One case transferred to another Institution).
(9) No. of maternal deaths— Cause of death in each case :—	2 (1) Failed forceps, Craniotomy, Surgical shock. (2) Sub-acute Nephritis, Primary Anæmia.
(10) No. of infant deaths— (a) Stillborn .. .. .. (b) Within 10 days of birth .. ..	17 12
Cause of death in each case :— (a) Stillborn.	2 Albuminuria. 2 Albuminuria with A.P.H. 2 A.P.H. 1 High Blood Pressure. 1 Prolapsed arm and cord. 1 Placenta abnormality. 1 Craniotomy .. 1 Congenital defects of baby. 1 Post Maturity. 1 Accident to Mother. 1 Breech delivery in Primipara. 3 No known cause.
(b) Within 10 days of birth.	32 weeks. Prematurity. Extreme. 38 weeks. Prematurity, Intracranial haemorrhage, Precipitate labour. 38 weeks. Prematurity. 36 weeks. Prematurity. Albuminuria. 30 weeks. Prematurity. Salpingitis. 38 weeks. Prematurity. Asthenia. 36 weeks. Prematurity. R.O.P. unreduced. 32 weeks. Prematurity. Cæsarean section. Pyelitis, with Hyper-pyrexia. 39 weeks. Prematurity. Convulsions. 44 weeks. Post Mature. Intracranial haemorrhage. Term. Albuminuria. Term. Dangerous feebleness (Eclampsia).

TABLE M. &amp; C.W. 6.

## WORK OF MIDWIVES. STATISTICS.

	Domicili- ary Cases.	Cases in Institu- tions.	Total.
No. of cases attended by midwives during the year :—			
1. Employed by the Council :			
As midwives .. ..	135	426	561
As maternity nurses ..	77	20	97
2. Employed by Voluntary Associations :			
As midwives .. ..	65	1	66
As maternity nurses ..	31	21	52
3. In private practice :			
as midwives .. ..	341	—	341
as maternity nurses ..	224	—	224
Totals } as midwives .. ..	541	427	968
Totals } as maternity nurses ..	332	41	373



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**SECTION C.**

**SANITARY CIRCUMSTANCES.**

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## SECTION C.—SANITARY CIRCUMSTANCES.

## Water.

During the year the private company which for many years supplied the Borough with water was acquired by a newly constituted board, the Grimsby, Cleethorpes and District Water Board. A special Act of Parliament empowered three adjoining local authorities (Grimsby Borough Council, Cleethorpes Town Council and Grimsby Rural District Council) to form a joint water board and purchase the whole undertaking and interests of the private company. The Grimsby Borough Council is the main constituent authority of the board.

A plentiful supply of water, having all the physical properties of a good drinking water and a very low bacterial content, is available. It is naturally hard, chiefly owing to dissolved chalk, as it is derived from the chalk strata which approach the surface at the Wolds, a few miles outside the Borough. Usually the water contains about 18.5 degrees of temporary hardness and 4.5 degrees of permanent hardness owing to sulphates.

Water softening plants have been installed in several institutions, factories and many private residences.

Extensions to the water mains continue as new streets are laid out.

Several large firms in the borough have their own bores for supplies of water which are used in trade processes.

Quarterly bacteriological and chemical analyses were made during the year, and the following copies of reports are typical of the findings.

## BACTERIOLOGICAL REPORT. SAMPLE No. 400/J.

## Quantitative Enumeration of Bacteria.

On Agar Plates, incubated at 20°C. for 3 days, 9 colonies per 1 c.c. developed.

On Agar Plates, incubated at 37°C. for 2 days, 6 colonies per 1 c.c. developed.

## Examination for Special Bacteria.

B. Coli types	..	..	..	absent in 100 c.c.
Streptococci	..	..	..	absent in 100 c.c.
Clostridium Welchii	..	..	..	absent in 40 c.c.

## Result of Examination.

From the consideration of the above data no exception can be taken upon bacteriological grounds to the use of this water for domestic purposes.

(Sd.) J. W. B., Pathologist.

## CHEMICAL REPORT. SAMPLE No. 400/K.

			Grains per Gallon.
Total solid residue	..	..	21.28
Chlorine	..	..	1.40
			Parts per Million.
Free Ammonia	..	..	0.003
Albumenoid Ammonia	..	..	0.008
Nitrogen as Nitrates	..	..	2.500

From the above data I conclude that this water is chemically satisfactory for a public supply.

(Sd.) J. A. FOSTER, F.I.C., etc., *Borough Analyst.*

I am indebted to the Borough Surveyor, Mr. H. G. Whyatt, for the following information in respect to drainage and sewerage of the Borough :—

A description of the drainage and sewerage of the Borough was given on pages 28 and 29 of the report for 1932.

Drainage and Sewerage.

The main sewer through Scartho was constructed some three years ago, and afterwards sewers in the populated side roads, viz., Ferriby Lane, Church Lane, St. Giles' Avenue and East End Lane. Sewers in these roads were connected to the main sewers in 1933.

Since the issue of the last report the construction of a sewer in Springfield Road has been completed, and the whole of the sewage of the Grimsby Corporation Hospital and all other premises in Springfield Road now enters this main sewer, eventually being discharged at the Eastern outfall.

At the time of writing the construction of a main intercepting sewer at a deep level for the whole of the Grant Thorold district has just been completed in face of very great difficulties which have been met with owing to the unsatisfactory nature of the sub-soil. The scheme for continuing this deep sewer eastwards into the Old Clee district, and westward into the Bargate and Scartho Road district has now been submitted to the Ministry of Health, and it is hoped their sanction will be received very shortly.

With the exception of a few outlying farm houses and bungalows in Scartho, practically the whole of the houses in the Borough are now connected to the main sewers.

Apart from the River Freshney, which enters the town and discharges into the Alexandra Dock, there are no other rivers or streams in the Borough. During periods of dry weather some dredging or cleansing of the river and its banks is required. There are no factories discharging noxious effluents into the Freshney. The remainder of the water front is tidal.

Rivers and Streams.

**Closet Accommodation.**

Except for a comparatively small number of isolated dwellings all the premises in the Borough are on the water carriage system ; each house having a separate water closet.

During the year 2 pail closets were abolished or converted into water closets, but 78 are still in use in the outlying districts. Gradually this number will be reduced as these districts are developed and new sewers constructed.

Pail closets are still in use at :—

Scartho	..	..	..	..	44
Bradley Hollow	..	..	..	..	16
Old Clee	..	..	..	..	7
Little Coates	..	..	..	..	4
Littlefield Lane	..	..	..	..	5
Weelsby	..	..	..	..	2

**HAND-FLUSHED WATER CLOSETS.**—During the last quarter of the year the Public Health Act, 1936, came into force which empowered the Local Authority to require owners to provide and fix adequate flushing apparatus to this type of convenience.

At the close of the year a detailed survey was being made of the properties in the Borough so that the provisions of the Act could be enforced. (No. found—240.)

16 hand-flushed water closets were converted during the year.

52 hand-flushed water closets were abolished during the year. All these were in Slum Clearance Areas.

**TROUGH LATRINES.**—Four closets of this obsolete type were abolished.

I am indebted to Mr. R. C. Birch, Cleansing Superintendent, for the following information :—

**COLLECTION OF DOMESTIC AND TRADE REFUSE.**

**Public Cleansing.**

House and shop refuse is collected weekly, and the refuse from hotels, cafes, etc., twice and in some cases three times weekly.

Our work in the collection of refuse for the past year shews, for the first time for many years, a decrease in the number of loads collected equivalent to 582 tons. This I attribute to the exceptionally fine summer of 1937 and the abnormal dry spell of weather that was experienced from January to March, 1938.

This has effected a saving on our collection costs as it has been found possible to clear the town during this period without the use of an extra gang of men that are normally required in the latter winter months and early spring.

Beside our separate collection and the baling of waste paper, of which 224 tons were sold during the year, private firms in the town have made arrangements with large establishments to collect for sale such material. This again has saved the department removing a large quantity of bulky material.

The privy boxes still remain in the Scartho, Fairfield and Bradley districts, and are emptied weekly (under the supervision of the Cleansing Department) by a Contractor who carries out the work in a satisfactory manner. No complaint as to lack of service has been received during the year.

All premises found to be locked or dust bins found to be on fire are notified to the occupier by post card informing them of the circumstance of non-removal for the week in question.

#### DISPOSAL OF REFUSE.

The department continues to be fortunate in still having the two excellent estates on which "Controlled Tipping" is taking place, thus easing the work at the Destructor, which is now 36 years old. This plant is only capable, when worked at full pressure, of dealing with 48 per cent. of the total amount of refuse collected. Except after holiday periods the Destructor is at present only being worked two shifts.

No complaint whatever has been brought to my notice during the year as to the manner in which tipping has been carried out or of any nuisance that has been created.

The completed portion of the Gilbey Estate is being prepared for recreational purposes by the Parks Committee, and during the coming season a large area will be available for sports purposes.

During the year ending on March 31st, 1938, the 24,350 tons of refuse was disposed of in the following manner :—

		Tons
Incineration—Destructor	.. .. ..	8,300
Land and allotments for manurial use	.. .. ..	61
Controlled Tipping—Little Coates	.. .. ..	1,540
"      "      "      Gilbey Estate	.. .. ..	5,149
"      "      "      Nuns Estate	.. .. ..	8,972
Waste Paper baled and sold	.. .. ..	224
Nightsoil, tipped for farmers	.. .. ..	104
		<hr/> 24,350
		<hr/> <hr/>

#### STREET SCAVENGING.

This work is carried out by horse gangs in the town and by barrow men in the main streets and outlying districts.

Special scavenging is carried out after each market, both town and Freeman Street, and practically all main thoroughfares throughout the town are swept on Saturday evenings from 10-30 p.m.

Street gullies are emptied six times per year in all parts of the Borough. Service is also given free of charge by emptying private gullies on house property when requested by the Health department or occupiers.

## Statistics for the Year ending 31st March, 1938.

Motor.	Horse.	COLLECTION OF REFUSE.	Loads Collected.		
			Motors.	Horses.	Total.
1,089	6,842	To Destructor ..	1,072	6,528	7,600
4	28	„ Allotments and land ..	1	64	65
986	—	„ Little Coates R.D.C. Tip ..	1,027	—	1,027
1,428	2,652	„ Gilbey Estate Tip ..	1,494	2,437	3,931
4,987	552	„ Nuns Estate Tip ..	4,630	534	5,164
—	8	„ Depot for Baling ..	3	384	387
<hr/> 8,494	<hr/> 10,082		<hr/> 8,227	<hr/> 9,947	<hr/> 18,174
Total 24,932 tons.			Total 24,350 tons		

## STREET SCAVENGING (Day and Night).

157	1,098	To Depots and Destructor ..	158	892	1,050
—	3,664	„ Holme Hill Brick Pit ..	—	3,822	3,822
—	3,819	„ Allotments and land ..	—	4,106	4,106
—	140	„ Snow removal (tipped at brick pit, sewers &c.) ..	—	—	—
<hr/> 157	<hr/> 8,721		<hr/> 158	<hr/> 8,820	<hr/> 8,978

## REMOVAL OF DETRITUS FROM RIBY STREET PUMPING STATION.

1,180	Total horse loads removed ..	..	..	805
966	Deposited on farms ....	..	..	788
160	„ on Allotments ..	..	..	17
54	Mixed with Pulverized House refuse ..	..	..	—

## T. C. Q. DESTRUCTOR.

7,973	1	0	House refuse delivered to ..	..	..	7,685	13	0
483	12	3	Trade and sundry refuse delivered to ..	..	..	482	19	2
<hr/> 8,456	<hr/> 13	<hr/> 3				<hr/> 8,168	<hr/> 12	<hr/> 2

## RESIDUE REMOVED.

2,585	6	0	Rough clinker ..	..	..	..	2,667	7	0
967	10	1	Fine ash and flue dust ..	..	..	..	895	1	0
39	6	1	Assorted scrap iron ..	..	..	..	26	0	1
347	0	0	Baled Tins sold ..	..	..	..	374	3	2
<hr/> 3,939	<hr/> 2	<hr/> 2					<hr/> 3,962	<hr/> 11	<hr/> 3

I am indebted to Mr. J. G. Watson, Chief Sanitary Inspector, for the following Report, furnished under Article 27 (Sub Section 18) of the Sanitary Officers (Outside London) Regulations, 1935, for the year ending 31st December, 1937:—

**INSPECTIONS.**

*General Sanitation.*

Accumulations	..	..	..	..	98
Animals, etc.	..	..	..	..	41
Ashbins	..	..	..	..	1469
Bakehouses	..	..	..	..	196
Caravans	..	..	..	..	7
Common lodging-houses	..	..	..	..	10
Dirty houses	..	..	..	..	96
Drainage	..	..	..	..	3154
Drain tests	..	..	..	..	30
Factories	..	..	..	..	55
Infectious diseases	..	..	..	..	221
Offensive smells	..	..	..	..	100
Offensive trades	..	..	..	..	147
Outworkers	..	..	..	..	3
Passages	..	..	..	..	1237
Piggeries and stables	..	..	..	..	86
Public conveniences	..	..	..	..	864
Rats and Mice Act	..	..	..	..	366
Sanitary conveniences	..	..	..	..	149
Shops (Shops Act, 1934)	..	..	..	..	255
Smoke observations	..	..	..	..	34
Water supply	..	..	..	..	92
Workplaces	..	..	..	..	824
Workshops	..	..	..	..	932
Housing and nuisances	..	..	..	..	5063
Housing Consolidated Regulations (1925)				..	1141

**NOTICES ISSUED.**

Informal	..	..	..	..	1865
Statutory <i>re</i> Housing	..	..	..	..	11
Statutory under other Acts	..	..	..	..	12

**SUMMARY OF DEFECTS REMEDIED.**

*Drainage and Conveniences.*

New drains laid	..	..	..	..	21
New gullies fixed	..	..	..	..	23
New gully covers fitted	..	..	..	..	44
New inspection chambers and rodding eyes constructed	..	..	..	..	11
New w.c.'s constructed	..	..	..	..	2
New yard water taps fixed	..	..	..	..	4
New pedestal w.c. basins fixed	..	..	..	..	35
New flushing apparatus installed	..	..	..	..	16
New inspection chamber covers fitted	..	..	..	..	10

Drains and gullies cleared (involving 1557 houses) .. .. ..	404
W.c.'s cleared .. .. ..	48
W.c. flushpipe joints re-made .. .. ..	22
W.c. floors repaired .. .. ..	40
W.c. rain water pipes fixed .. .. ..	2
W.c. flushing cisterns repaired .. .. ..	105
W.c. doors repaired .. .. ..	7
W.c. ceiling and wall plaster renewed .. .. ..	71
W.c. roofs repaired .. .. ..	15
W.c. seats repaired and fixed .. .. ..	39
W.c. water service pipes repaired .. .. ..	75
W.c. apartments re-built .. .. ..	2
Sumps abolished .. .. ..	8
Sink waste pipes repaired .. .. ..	19
Rain water pipes repaired .. .. ..	16
Rain water pipes channelled across pavement .. .. ..	2
Ventilating shaft repaired .. .. ..	1
Water taps repaired .. .. ..	10
Emergency orders obtained under Sec. 48 Public Health Act, 1936 .. .. ..	75

*Other Nuisances, etc.*

Passage paving renewed (adjoining houses) .. .. ..	343
New ashbins provided .. .. ..	45
New manure bin provided .. .. ..	811
Complaints received and investigated .. .. ..	1
Verminous houses disinfested .. .. ..	2117
Yard fencing renewed .. .. ..	138
Rooms disinfected after infectious disease .. .. ..	6
Refuse accumulations removed .. .. ..	419
Yards cleansed .. .. ..	39
Yards cleansed .. .. ..	2

*Offensive Trades.*

No. of Tripe boilers .. .. ..	5
„ Fat melters .. .. ..	5
„ Glue works .. .. ..	1
„ Gut scrapers .. .. ..	1
„ Hide and skin dealers .. .. ..	2
„ Fish meal works .. .. ..	1
„ Fish curers .. .. ..	47
 Total .. .. ..	 —
	62

All these premises were inspected regularly and the following defects were noted and most of them were remedied without resorting to statutory action.

Limewashing required .. .. ..	7
Defective roofs .. .. ..	5
Defective yard paving .. .. ..	5

Defective floors .. .. .. ..	5
Defective drains .. .. .. ..	3
Defective w.c.'s .. .. .. ..	4
Defective eaves to w.c.'s .. .. .. ..	3

*Factories and Workshops.*

1,811 inspections were made during the year and the following defects were found and later remedied:—

Limewashing required .. .. ..	29
Defective floors .. .. .. ..	8
Insufficient sanitary accommodation .. ..	4
Defective w.c.'s .. .. .. ..	16
Other nuisances .. .. .. ..	23

No action was taken under the provisions of the Public Health Act, 1936. Offices.

No. on Register .. ..	4	Common Lodging Houses.
No. of Deputy keepers ..	3	

The number of registered common lodging houses was reduced to four during the year. The three lodging houses taken off the register were dealt with under the provisions of the Housing Act as being unfit for human habitation. Orders were made for the demolition of the properties. .

When the new Public Health Act became operative many premises hitherto outside the scope of the law relating to common lodging houses were deemed to be common lodging houses. At the end of the year inspections had commenced with a view to registering or the discontinuance of these premises.

During 1937 byelaws relating to Seamen's lodging houses were drafted and adopted by the Council. As required by the Merchant Shipping Act, 1894, these were submitted to the Board of Trade for confirmation.

There are no rag flock manufacturers in the Borough. 4 samples of rag flock (3 informal and 1 formal) were analysed by the Borough Analyst.

Two of the samples were found to contain 8 parts and 10 parts of soluble chlorine per 100,000 parts respectively—genuine.

One informal and one formal sample were considered not to come within the provisions of the Rag Flock Acts, although sold as such.

10 samples were examined by the Public Analyst who found them to be genuine.

1 sulphate of ammonia, 1 dairy meal, 1 granulated nitrate of soda, 1 white fish meal, 1 sulphate of potash, 1 linseed cake meal, 1 meat and bone meal, 1 extracted soya meal, 1 maize germ meal, 1 linseed meal.

As required by the Ministry of Health (Circular No. 120) these premises have been inspected during the year and found to be satisfactory.

Fertilizers  
and Feeding  
Stuffs Act,  
1926.

Places of  
Public  
Entertain-  
ment.

Rats & Mice  
(Destruc-  
tion) Act,  
1919.

12,171 rats were brought to the Corporation Destructor during 1937. The number being almost the same as last year's.

366 inspections were made to premises within the Borough, when defects were found permitting the places to become rat infested. Owners and occupiers have co-operated with the inspectors in their work.

During the first week in November, National Rat Week was held and much publicity was given in the press and by posters to the duties of all persons in connection with the rat menace. The Health Department staff helped with advice and issued poison baits where necessary.

Shops Act,  
1934.

Part of this Act is administered by the Health Department and during the year 255 inspections were made. Generally the provisions of the Act were fulfilled and the following defects were remedied as a result of informal action :—

Defective w.c.	..	1
Burst water pipe	..	1
No means of heating	..	6

Smoke  
Abatement.

Observations were made of factory chimneys within the Borough, and where the emission of black smoke exceeded the period mentioned in the byelaws written notice was sent to the offending firm.

Late in the year a soot gauge to measure the amount of atmospheric pollution was fixed in the Grant Thorold Park, and a summary of the findings of the Public Analyst is set out below :—

Month.	Undissolved Matter (tons per sq. mile).	Dissolved Matter (Tons per sq. mile).	Total Solids (Tons per sq. mile).
November	7.404	9.50	16.90
December	4.27	8.84	13.20

Swimming  
Baths.

The two swimming baths in the Borough were inspected and found to be reasonably satisfactory regarding cleanliness. 10 samples of the bath water were taken and submitted for examination by a bacteriologist. The results are set out below in date order, and it will be seen that during a cold spell of the early summer when the bathers were few the water had a satisfactory bacterial content. Unfortunately when the weather was warmer and the number of bathers increased the bacterial content of the water was not satisfactory.

Orwell Street Public Baths.—45,000 gallons capacity.

Wintringham Secondary School.—22,000 gallons capacity.

At both these baths the water is changed nightly and a chlorine solution added.

Premises.	B. Coli.	Streptococci.	Clostridium Welchii.	Date.
Orwell Street	Absent 50 cc.	Absent 50 cc.	Absent 40 cc.	5/5/37
do.	Present 10 cc.	Present 10 cc.	Absent 40 cc.	12/7/37
do.	do.	do.	do.	19/7/37
do.	do.	do.	Present 40 cc.	27/7/37
do.	do.	do.	Absent 40 cc.	10/8/37
Wintringham Sec. School	Absent 50 cc.	Absent 50 cc.	Present 40 cc.	5/5/37
do.	Present 10 cc.	Present 10 cc.	Absent 40 cc.	12/7/37
do.	do.	do.	do.	19/7/37
do.	do.	do.	Present 40 cc.	27/7/37
do.	do.	do.	do.	10/8/37

The results of the examinations are similar to those of last year, which again stress the need and urgency for the installing of efficient filtration plants.

(1) No. of Council houses found to be infested .. ..	7	Eradication of Bed Bugs.
No. of other houses found to be infested .. ..	131	
No. of Council houses disinfested .. ..	7	
No. of other houses disinfested .. ..	131	

(2) Methods employed in freeing infested houses :—

In heavy infestations the walls are stripped of paper, skirting boards, picture rails, architraves, etc. removed, then blow lamps used on the materials and in the crevices. The wall paper is burnt. According to conditions the premises are sprayed or fumigated.

In light infestations spraying with insecticide is usually sufficient, without the stripping of walls, etc.

(3) During the year 19 houses in slum clearance areas were found to be verminous when the usual inspections were being made before removal to council houses. Upon removal the contents of the houses were freely sprayed with insecticide and bedding passed through the steam disinfecting plant. In some cases when the infested articles were of little or no value they were destroyed by burning.

(4) The disinfection of the contents of slum dwellings before removal to council houses is carried out by the Corporation disinfecting staff.

(5) Instruction of the tenants in doing their share of the work in ridding houses of vermin is always stressed by the sanitary inspectors. Usually it is found that tenants are willing to co-operate. After disinfection further visits are paid by the inspectors who find, in most cases, that efforts are made to maintain the houses free from vermin. The re-housed slum-dwellers on the Council's housing estate are under the supervision of the housing officer of the Town Clerk's Department.

Schools.

All the schools have water from the town's supply which is satisfactory. The facilities for washing and the sanitary accommodation in some of the older schools are not desirable.

No school was closed for infectious disease during the year.

Public Conveniences.

These are under the control of the Chief Sanitary Inspector.

No. of Conveniences	..	..	..	28
For women	..	..	6	
For men	..	..	22	
No. of urinal stalls	..	..	..	162
No. of water closets	..	..	..	71
No. of wash basins	..	..	..	17
No. of hot baths	..	..	..	6

Most of the conveniences are of modern construction, and the occasional complaints received were regarding those premises which require abolishing or reconstructing.

During the year attempts were made to obtain sites for the erection of new public conveniences, and in December negotiations were well advanced for the purchase of a site in Humber Street.

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**SECTION D.**

**HOUSING.**

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## SECTION D.—HOUSING.

The number of houses erected in the Borough during the year was 313.

176 houses were demolished as a result of slum clearance, 52 houses were demolished in anticipation of formal notice, and 20 others demolished for sundry purposes.

Slum Clearance.

The following information is given regarding slum clearance :—

## ORDERS MADE DURING YEAR.

Name of Order.	No. of Houses	Order made	Local Enquiry	Result.
Grime Street Clearance Order No. 24	2	22 2 37	12 10 37	Order confirmed.
King Edward Street Clearance Order No. 25	9	do.	do.	do.
King Edward Street Clearance Order No. 26	3	do.	do.	do.
King Edward Street Clearance Order No. 27	3	do.	do.	do.
King Edward Street Clearance Order No. 28	2	do.	do.	do.
King Edward Street Clearance Order No. 29	3	do.	do.	do.
King Edward Street Clearance Order No. 30	15	do.	do.	do.
King Edward Street Clearance Order No. 31	3	do.	do.	do.
King Edward Street Clearance Order No. 32	14	do.	do.	do.
King Edward Street Clearance Order No. 33	9	do.	do.	do.
King Edward Street Clearance Order No. 34	3	do.	do.	do.
King Edward Street Clearance Order No. 35	6	do.	do.	do.
King Edward Street Clearance Order No. 36	5	do.	do.	do.
Burgess Street Clearance Order No. 37	5	do.	do.	do.
Cressey Street Clearance Order No. 38	2	do.	do.	do.
Burgess Street Clearance Order No. 39	2	do.	do.	do.
Albert Street Clearance Order No. 40	4	do.	do.	Order not confirmed as houses were demolished before enquiry was held.
King Edward Street Clearance Order No. 41	8	31 5 37	12 10 37	Confirmed.
King Edward Street Clearance Order No. 42	19	do.	do.	do.
Burgess Street Clearance Order No. 43	24	do.	do.	Confirmed, but two houses were excluded.

## INDIVIDUAL UNFIT HOUSES.

During the year the Local Authority considered the representations of the Medical Officer of Health in respect of 24 dwellings and Demolition Orders were made in every case except two.

Premises.	Considered by Local Authority	Demolition Order made.
146 King Edward Street, 1, 2, 3 back 146 King Edward Street	15.2.1937	5.3.1937
9, 11 Lower Spring Street	18.1.1937	22.3.1937
13, 15 Lower Spring Street	do.	5.3.1937
376, 378 Victoria Street	do.	15.2.1937
280, 282, 284 Burgess Street, 286 Back 286 Burgess Street	do.	do.
127, 127a Strand Street	do.	do.
" The Ark," Carr Lane	do.	do.
" The Nook," Old Clee	do.	do.
Emerson's Bungalow, Scartho	do.	—
" Roseries," Glebe Road	do.	15.2.1937
" Victoria," Old Clee	do.	do.
156 Burgess Street	19.4.1937	—
111 King Edward Street	do.	28.5.1937

The following table shews the number of houses demolished during the year under slum clearance :—

## CLEARANCE ORDERS.

Name of Order.	No. of Houses.	
	Total on Area.	Demolished during 1937.
Allington Buildings No. 5, 1935	7	7
Cleethorpe Road No. 7, 1935	6	6
Redhill No. 9, 1935	9	6
Burgess Street No. 10, 1936	11	8
Middle Court No. 11, 1936	5	5
Holme Street No. 12, 1936	14	14
Garden Street No. 13, 1936	21	21
Burgess Street No. 14, 1936	3	3
King Edward Street No. 15, 1936	8	8
Fotherby Street No. 16, 1936	2	2
King Edward Street No. 19, 1936	6	6
King Edward Street No. 20, 1936	6	6
Humber Street No. 21, 1936	6	6
Hope Street No. 22, 1936	21	18
Strand Street No. 23, 1936	25	24
Grime St. Compulsory Purchase Order No. 2, 1936	16	16

## INDIVIDUAL UNFIT HOUSES.

376, 378, Victoria Street.  
280, 282, 284, 286 Back 286 Burgess Street.  
" The Ark," Carr Lane.  
" The Nook," Old Clee.  
" Roseries," Glebe Road.

## HOUSES DEMOLISHED IN ANTICIPATION OF SLUM CLEARANCE.

No. demolished during the year—52.

I am indebted to Mr. J. G. Watson, Chief Sanitary Inspector, for the remainder of the report of this section.

## HOUSING STATISTICS.

## I.—INSPECTION OF DWELLINGHOUSES DURING THE YEAR.

(1) (a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) .. ..	1673
(b)	Number of inspections made for the purpose .. ..	4694
(2) (a)	Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .. ..	118
(b)	Number of inspections made for the purpose .. ..	1141
(3)	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .. ..	1640

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF  
FORMAL NOTICES.

### 3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR:—

(b) Proceedings under Public Health Acts :—		
(i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .. .. ..	12	
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—		
(a) By owners .. .. .. .. ..	12	
(b) By local authority in default of owners .. ..	Nil	
(c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :—		
(i) Number of dwellinghouses in respect of which Demolition Orders were made .. .. .. .. ..	22	
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders .. .. .. .. ..	10	
(d) Proceedings under section 12 of the Housing Act, 1936 :—		
(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..	Nil	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. ..	Nil	

## 4.—HOUSING ACT, 1936—PART IV.—OVERCROWDING :—

(a)— (i) Number of dwellings overcrowded at the end of the year	137	
(ii) Number of families dwelling therein .. .. ..	142	
(iii) Number of persons dwelling therein .. .. ..	1090	
(b)— Number of new cases of overcrowding reported during the year .. .. .. .. .. .. ..	5	
(c)— (i) Number of cases of overcrowding relieved during the year .. .. .. .. .. .. ..	62	
(ii) Number of persons concerned in such cases .. ..	411	
(d)—Particulars of any cases in which dwellinghouses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding ..	1	

(e) Owners of private properties have co-operated with the Local Authority in the abatement of overcrowding by readily allowing the exchange of tenants from small houses to those with increased accommodation.

In some cases tenants, on becoming aware of the overcrowded condition of their houses, have found larger houses themselves.

At the end of the year the erection of 50 Council houses for overcrowded families was almost completed, and early in 1938 the number of overcrowded dwellings in the Borough was greatly reduced.

Public  
Health Acts  
and Housing  
Acts.

The following statement shews the type of work done to effect improvements :—

Air bricks inserted under floors	..	..	..	..	25
Chimney stacks repaired	..	..	..	..	10
Chimney pots fixed	..	..	..	..	16
Doors and windows repaired	..	..	..	..	74
Damp proof courses inserted	..	..	..	..	3
Eaves gutters repaired and renewed	..	..	..	..	102
Firegrates, firebacks repaired and renewed	..	..	..	..	137
Floors repaired and renewed	..	..	..	..	104
Gates and gate posts repaired	..	..	..	..	28
Handrails fixed	..	..	..	..	32
Handrails refixed	..	..	..	..	7
Plasterwork renewed and repaired	..	..	..	..	157
Rain water pipes repaired	..	..	..	..	53
Roofs repaired	..	..	..	..	222
Roofs re-slated	..	..	..	..	1
Skirting boards refixed	..	..	..	..	9
Sink waste pipes repaired	..	..	..	..	5
Scullery sink fixed	..	..	..	..	1
Walls pointed	..	..	..	..	16
Walls rendered in cement	..	..	..	..	13
Washing coppers renewed	..	..	..	..	69
Washing copper brickwork repaired	..	..	..	..	9
Yard walls and fencing repaired and renewed	..	..	..	..	80
Yard paving repaired and re-laid	..	..	..	..	85
W.c.'s repaired	..	..	..	..	114

Housing  
Consolidated  
Regulations,  
1925.

Statement showing the type of work done to render houses reasonably fit for human habitation at a reasonable cost :—

Chimney stacks repaired	..	..	..	..	14
Chimney pots fixed	..	..	..	..	8
Doors and windows repaired	..	..	..	..	39
Damp proof courses inserted	..	..	..	..	2
Eaves gutters repaired	..	..	..	..	32
Firegrates, firebacks, etc. repaired	..	..	..	..	8

Floors repaired	..	..	..	..	..	46
Hot water systems installed	..	..	..	..	..	3
Pantries provided	..	..	..	..	..	2
Inspection chamber covers provided	..	..	..	..	..	1
Rain water pipes repaired	..	..	..	..	..	17
Roof flashings renewed	..	..	..	..	..	15
Roofs repaired	..	..	..	..	..	31
Ranges repaired	..	..	..	..	..	9
Ranges (new) fixed	..	..	..	..	..	12
Sinks (new) fixed	..	..	..	..	..	2
Skirting boards fixed	..	..	..	..	..	2
Stairways repaired	..	..	..	..	..	3
Sash cords renewed	..	..	..	..	..	23
Wall plaster renewed and repaired	..	..	..	..	..	58
Walls pointed	..	..	..	..	..	17
Walls repaired	..	..	..	..	..	4
Walls rendered in cement	..	..	..	..	..	1
Wash boilers provided	..	..	..	..	..	2
Windows and skylights (new) fixed	..	..	..	..	..	4
Wash hand basins fixed	..	..	..	..	..	2
W.c.'s repaired	..	..	..	..	..	3
W.c. (new) constructed	..	..	..	..	..	2
Yards paved	..	..	..	..	..	19
Yard gates repaired	..	..	..	..	..	9
New baths fixed	..	..	..	..	..	2



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**SECTION E.**

**INSPECTION AND SUPERVISION  
OF FOOD.**

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## SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

The duties in connection with the milk supply are divided between the Sanitary Inspectors, who deal with the dairies, etc., and the Borough Veterinary Inspector, who examined the herds of the producers within the area. I am indebted to the Borough Veterinary Inspector, Mr. A. J. Hines, M.R.C.V.S., for the following report of his work during 1937 :—

During the year 1937 there was no serious outbreak of disease amongst the dairy cattle in the Borough.

There were 12 milk producers in the Borough, with 168 cows in milk at the last inspection. 8 producers had Accredited Milk licences which means that they produced milk of the degree of cleanliness laid down by the Milk (Special Designations) Order, 1936, and that the cows were free from clinical symptoms of tuberculosis and other contagious diseases.

The accredited herds were examined quarterly and the other herds half-yearly. At these inspections a bulk sample of milk was taken and examined at the Grimsby and District Hospital laboratory, first microscopically and then by the guinea pig test for the presence of tubercle bacilli. On three occasions milk was found to be so affected, and in each case the offending animal was traced and slaughtered.

In addition four other cases of tuberculosis were discovered by clinical examination during the inspections. These animals were slaughtered and the owners compensated according to the post-mortem finding.

I think it is safe to say that during the last few years a great improvement has taken place in the methods of milk production in the Borough. The premises have been greatly improved, and the degree of cleanliness attained is far in excess of what was the case a few years ago.

The following information has been supplied by the Chief Sanitary Inspector, Mr. John G. Watson :—

This Order has been complied with in a satisfactory manner throughout the year. The standard of cleanliness has been satisfactory.

The following figures are of interest :—

		1936.	1937.
Number of wholesale purveyors on register	..	66	65
Number of milkshops and retail purveyors on register	..	468	567
Number of bottled-milk shops on register	..	122	215
Number of bottled-milk purveyors on register	..	30	36
<b>INSPECTIONS—Cowsheds</b>		..	..
Dairies and milkshops		..	..
		110	603

### Milk and Dairies Order, 1926.

The number of licences in operation during the year under this Order were :—

				Milk (Special Designa- tions) Order, 1936.
Producers of Tuberculin Tested Milk	..	..	..	Nil
Dealers in Tuberculin Tested Milk	..	..	..	3
Producers of Accredited Milk	..	..	..	8
Dealers in Accredited Milk	..	..	..	3
Producers of Pasteurised Milk	..	..	..	5
Dealers in Pasteurised Milk	..	..	..	1

Supplementary licences :—

Tuberculin Tested	..	..	..	..	1
Accredited	..	..	..	..	3
Pasteurised	..	..	..	..	Nil

During 1937 the number of samples of designated milk submitted for examination, together with results, were as follows :—

	No. of Samples.	Complying.	Not Complying
Tuberculin Tested	2	2	—
Pasteurised	35	28	7
Accredited	49	38	11

Of the eighteen not complying with the prescribed conditions warnings were given, the methods of production improved and further samples proved satisfactory.

Under the Accredited Milk Scheme samples of accredited milk were taken quarterly for bacteriological examination, the results being given below :—

	No. of Samples.	Complying.	Not Complying.
Accredited	40	35	5

With reference to the samples not complying with the prescribed conditions, producers were warned about the B. Coli content in the milk, and samples taken later were satisfactory.

There are 5 pasteurising plants in the Borough and the premises are inspected by the Sanitary Inspectors. Samples have been taken during various stages of pasteurisation to test the efficiency of the plants. Care is taken by those in charge of the plants to give proper care and attention to the factors of time and temperature.

During the year the Sanitary Inspectors made the following Meat and Other Foods. inspections at food premises :—

Bakehouses	..	..	..	196
Fish curing houses	..	..	..	443
Fishmonger's shops	..	..	..	83
Food preparing premises	..	..	..	687
Fried fish shops	..	..	..	196
Greengrocer's shops	..	..	..	316
Grocer's shops	..	..	..	97
Ice cream makers and vendors	..	..	..	538
Markets	..	..	..	156
Meat shops and stalls	..	..	..	3868
Restaurants	..	..	..	7
Slaughterhouses	..	..	..	4748

The table set out below gives information relating to the slaughter of animals for food and inspection of meat at the 31 private slaughterhouses in Grimsby.

CARCASES INSPECTED AND CONDEMNED.

	Cattle, exclud- ing Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed (if known) ..	—	—	—	—	—
Number inspected .. ..	2983	369	134	5822	11620
<b>ALL DISEASES EXCEPT TUBERCULOSIS.</b>					
Whole carcases condemned ..	2	5	4	8	12
Carcases of which some part or organ was condemned ..	88	13	—	14	134
Percentage of the number inspected affected with disease other than tuberculosis .. ..	3.02%	4.88%	2.99%	3.8%	1.26%
<b>TUBERCULOSIS ONLY.</b>					
Whole carcases condemned ..	11	20	—	—	12
Carcases of which some part or organ was condemned ..	104	41	—	—	300
Percentage of the number inspected affected with tuberculosis .. ..	3.85%	16.53%	—	—	2.68%

Other food condemned included :—

- 165 lbs. imported meat.
- 831 lbs. English meat.
- 245 lbs. cooked ham.
- 16 lbs. bacon.
- 10 lbs. sausage.
- 1 barrel pigs maws.
- 527 rabbits.
- 2 turkeys.
- 15 cases of fruit.
- 26 boxes of confectionery.
- 1½ cwts. fish.
- 11½ cwts. gooseberries.
- 2 tons cauliflowers.
- 12 lbs. lemon cheese.

All these condemnations were made owing to decomposition and unsoundness.

No. on Register January 1st, 1937	..	..	..	31	Slaughter-houses.
No. on Register December 31st, 1937	..	..	..	31	
No. of Slaughtermen's licences on Register	..	..	..	146	
No. of Slaughtermen's licences granted in 1937	..	..	..	4	
No. of Slaughtermen's Renewal Licences granted in 1937	..	..	..	71	
No. of breaches of Byelaws	..	..	..	3	
No. of defects remedied	..	..	..	2	
Breaches of the Public Health Meat Regulations, 1924	..	..	..	3	

During the year the Borough Council passed a resolution requiring all sheep to be slaughtered with a humane killer under the provisions of Section 1 of the Slaughter of Animals Act, 1933.

There is no system of meat marking in operation.

Butcher's shops are inspected frequently and every market day the food stalls are inspected. On Saturdays the Freeman Street market is visited at least three times. On several occasions it has been necessary for meat traders to forfeit diseased meat which had been brought into the Borough for inspection from adjoining districts.

As the table of inspections indicates, much of the Sanitary Inspectors' time was occupied with food inspection in all its branches, and food preparing premises were visited regularly.

During October eight cases of food poisoning were notified. After investigation all these cases were traced to one source—brawn infected with *B. Enteritidis* Gaertner. The condition of the butcher's shop was found to be satisfactory, but tests revealed that the butcher was a "carrier" of *B. Enteritidis* Gaertner. All the cases recovered and the butcher took no part in the business until he was cleared of infection.

No. on Register .. .. .. .. 86

Bakehouses.

The following defects were noted during inspections. Later these defects were remedied.

Defective w.c.	..	..	..	..	1
Defective roof	..	..	..	..	1
Defective ashbin	..	..	..	..	1
Walls required cleansing	..	..	..	..	3
Washing clothes in bakehouse	..	..	..	..	1

Fish frying is not scheduled as an offensive trade in Grimsby. Throughout the year the premises have been inspected and the food examined. The defects described below were remedied at the request of the inspectors. Generally, the premises have been kept in a sound sanitary condition.

Defective roofs	..	..	..	..	2
Defective floor	..	..	..	..	1
Defective offal bins	..	..	..	..	2
Choked drain	..	..	..	..	1
Dirty pans	..	..	..	..	2
Dirty yard	..	..	..	..	1
Cleaning place walls required limewashing	..	..	..	..	10

## Ice Cream.

There are 83 premises within the Borough where Ice Cream is made and in addition to this number there are 91 shops in which ice cream is sold but not made.

These premises were visited by the inspectors during the summer, and below are details of breaches of the law which were noted:—

Dirty utensils ..	..	..	..	..	1
Unsatisfactory premises ..	..	..	..	..	1

The utensils were cleansed and an improvement in cleanliness maintained. The unsatisfactory premises were discontinued.

Incorporation of provision for registration of ice cream vendors in a local Act is urgently required.

Food and  
Drugs  
(Adulteration)  
Act,  
1928.

232 samples were sent to the Borough Analyst during the year under this Act. The number certified to be adulterated was 24 or 10.3% of the total number.

The following table shews the articles which were sampled.

Article	Number taken	Official	Informal	Genuine	Adulterated
Blanc Mange P'dr.	2	—	2	2	—
Butter ..	7	—	7	7	—
Borax, Powdered	2	—	2	2	—
Camphorated Oil ..	2	—	2	1	1
Castor Oil ..	2	—	2	2	—
Cheese ..	4	—	4	4	—
Chicory ..	2	—	2	2	—
Cocoa ..	2	—	2	2	—
Coffee ..	3	—	3	3	—
Cornflour ..	2	—	2	2	—
Condensed Sweetened Full Cream					
Milk ..	2	—	2	2	—
Curd, Lemon ..	2	—	2	2	—
Custard Powder ..	2	—	2	2	—
Essence of Lemon	2	—	2	2	—
Icing Sugar ..	2	—	2	2	—
Ground Almonds ..	4	2	2	2	2
Ground Ginger ..	2	—	2	2	—
Ground Rice ..	3	—	3	3	—
Jam ..	2	—	2	2	—
Lard ..	7	—	7	7	—
Margarine ..	7	—	7	7	—
Mincemeat ..	2	—	2	2	—
Milk, Raw ..	150	10	140	133	17
Pepper ..	2	—	2	2	—
Sausages ..	8	—	8	4	4
Sausage Casings ..	3	—	3	3	—
Tinc. of Rhubarb	2	—	2	2	—
Tinned Peas ..	2	—	2	2	—
	232	12	220	208	24

The 24 defaulting samples were dealt with as shewn below :—

No. Sample	Nature of Sample.	Off. or Inf.	Particulars of Adulteration.	Result.
236	Milk	Off.	Deficient in fat 7.0% Added water 8.35%	Defendant fined 20/- and 39/- costs.
266	Milk	Inf.	Deficient in fat 13.3%	Official sample later— genuine.
268	Milk	Inf.	Deficient in fat 3.3%	Official sample later— genuine.
294	Milk	Inf.	Deficient in fat 10%	Official sample later— genuine.
303	Milk	Inf.	Deficient in fat 13.3% Added water 3%	Official sample later— genuine.
318	Sausages	Inf.	Contains Sulphur Dioxide 77 parts per million	
320	Sausages	Inf.	Contains Sulphur Dioxide 336 parts per million.	Satisfied that notices were exhibited in shops and not exceeded the limit of 450 parts per million.
321	Sausages	Inf.	Contains Sulphur Dioxide 231 parts per million.	
322	Sausages	Inf.	Contains Sulphur Dioxide 99 parts per million.	
325	Milk	Inf.	Deficient in fat 13.3%	Official sample later— genuine.
326	Milk	Inf.	Deficient in fat 6.6%	Official sample later— genuine.
327	Milk	Inf.	Deficient in fat 3.3%	Vendor warned.
331	Milk	Inf.	Deficient in fat 26.7%	Official sample later— genuine.
341	Milk	Off.	Deficient in fat 20%	Vendor warned.
342	Milk	Inf.	Deficient in fat 3.3%	Vendor warned.
371	Ground Almonds	Inf.	A mixture of ground apricots or peach kernels	Official sample later— genuine.
372	Ground Almonds	Inf.	A mixture of ground apricots or peach kernels.	Official sample later— genuine.
373	Campho- rated Oil	Inf.	Chiefly petroleum, in- stead of olive oil and 14.9% camphor instead of 20%	Label stated " Camphor and Oil, not sold as B.P. Liniment of Camphor."
393	Milk	Inf.	Deficient in fat 16.7%	Official sample later— genuine.

No. Sample	Nature of Sample.	Off. or Inf.	Particulars of Adulteration.	Result.
395	Milk	Inf.	Deficient in fat 3.3%	Vendor warned.
418	Milk	Inf.	Deficient in fat 20% Added water 33.5%	Official sample later— genuine.
450	Milk	Inf.	Deficient in fat 23.3%	Official sample later— genuine.
456	Milk	Inf.	Deficient in fat 6.6%	Official sample later— genuine.
458	Milk	Inf.	Deficient in fat 6.6%	Official sample later— genuine.

Public  
Health (Con-  
densed Milk)  
Regulations,  
1923 & 1927.

Two samples of Condensed Sweetened Full Cream Milk were sent to the Borough Analyst during the year, the result of the analysis being satisfactory.

No action was taken during the year under the Artificial Cream Act, 1929; and the Public Health (Dried Milk) Regulations, 1923 and 1927.

Public  
Health (Pre-  
servatives,  
etc., in Food)  
Regulations,  
1925-27.

During the year 196 samples were analysed for the presence of preservatives, the various articles sampled being given below:

	Article.	No. obtained.	Result.
Butter	.. .. .. ..	7	Genuine.
Cheese	.. .. .. ..	4	"
Condensed Sweetened Full Cream Milk	.. .. .. ..	2	"
Curd, Lemon	.. .. .. ..	2	"
Jam	.. .. .. ..	2	"
Lard	.. .. .. ..	7	"
Margarine	.. .. .. ..	7	"
Mincemeat	.. .. .. ..	2	"
Milk, Raw	.. .. .. ..	150	"
Sausages	.. .. .. ..	8	"
Sausage casings	.. .. .. ..	3	"
Tinned Peas	.. .. .. ..	2	"

Chemical &  
Bacterio-  
logical Ex-  
amination of  
Food.

Chemical analysis of all food samples was carried out by the Borough Analyst, Capt. J. A. Foster, F.I.C., F.C.S., 23 Chapel Lane, Hull.

Samples of milk and water were examined bacteriologically at the Grimsby and District Hospital.

When necessary biological specimens are sent to Dr. Sheather, Pathological Laboratory, Wroxton, Chorleywood, Herts., for examination.

A certain amount of educational propaganda is undertaken Nutrition. by articles contributed by the medical officers to the local edition of "Better Health" which has a circulation of 2,000. The ex-Empire Marketing Board frames were also used to display the posters of the Central Council for Health Education.

The superintendent health visitor has been able to include in her mothercraft lectures some elementary instruction in dietetics combined with cookery demonstrations.

The position in Grimsby can best be described by reference to the special report on nutrition which will be found on pages 179-183 in the section referring to the School Medical Service.

No action was taken under the Public Health (Shell fish) Regulations, 1934, or the Public Health (Cleansing of Shell-fish) Act, 1932. There are no layings in the borough or district. Shell Fish (Molluscan).



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**SECTION F.**

**PREVALENCE OF, AND CONTROL  
OVER, INFECTIOUS AND OTHER  
DISEASES.**

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SECTION F.—PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES.

General.

The incidence of notifiable diseases (other than tuberculosis) was as shewn below:—

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet Fever .. .. .. ..	215	155	2
Diphtheria .. .. .. ..	86	82	5
Enteric Fever (including Paratyphoid)	1	1	—
Puerperal Pyrexia .. .. ..	37	18	1
Cerebro-spinal Fever .. .. ..	1	1	1
Acute Polioencephalitis .. .. ..	1	1	1
Ophthalmia Neonatorum .. .. ..	26	2	—
Erysipelas .. .. .. ..	14	7	—
Pneumonia .. .. .. ..	80	21	75
Chicken Pox .. .. .. ..	302	2	—

No notifications were received in regard to small-pox, cholera, typhus fever, plague, or dysentery.

Table II. on page 213 gives an analysis of the total notified cases under various age groups and in Wards.

Table VIII. on page 219 gives a comparison of the death-rates and case rates for certain infectious diseases.

Influenza is not notifiable unless complicated by pneumonia, so there is no means of knowing the incidence of this disease during the period under review. Thirty deaths were attributed to influenza following the epidemic at the beginning of the year, but practically all the deaths were at the two extremes of life.

It will be noted that the notification rate in regard to pneumonia continues to be most unsatisfactory, although this year the number of cases notified actually exceeds the number of deaths. Arrangements have been made to tighten up the machinery of receiving information from the school head teachers in respect to measles, whooping cough and chicken pox. All cases of measles and whooping cough are immediately visited by health visitors to ascertain whether there are any children under 5 in the house, and whether hospital accommodation is desirable.

Scarlet Fever.

Two hundred and fifteen notifications of scarlet fever were received, giving an attack rate of 2.31 compared with 2.33 for England and Wales. There were two deaths, giving a death-rate of 0.02 compared with 0.01 for England and Wales.

155 cases (72 per cent.) were removed to the Corporation Hospital for treatment.

It is not yet appreciated by the public what a change has taken place in this disease in recent years, for it is now relatively mild in character in most cases. There is no reason now why cases of scarlet fever should not be nursed at home, provided there is sufficient isolation accommodation, and other children are not being kept away from school.

As a routine practice cases are now discharged from hospital after the 28th day, and this has not led to any increase in the carrier rate.

It should be considered whether terminal disinfection should not be given up following cases of scarlet fever, a practice which has been discontinued by a number of local authorities without any untoward results.

The following table shows the comparative prevalence of scarlet fever over a period of years :—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year.	2 Estimated Population.	3 Total No. of Cases Notified.	4 Attack Rate per 1,000 Population.	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified.	7 Mortality per 1,000 Population.	8 No. of cases treated in Hospital.	9 Percentage removed to Hospital.
1925	86,810	106	1.22	—	—	—	72	67.9
1926	87,190	157	1.80	—	—	—	119	75.7
1927	88,340	105	1.18	1	.95	.01	79	75.2
1928	90,270	98	1.08	—	—	—	69	70.4
1929	91,440	308	3.36	—	—	—	237	76.9
1930	91,440	320	3.49	1	.31	.01	244	76.2
1931	92,280	138	1.49	—	—	—	108	78.2
1932	92,250	67	0.72	—	—	—	51	76.1
1933	93,090	55	0.59	—	—	—	46	83.6
1934	93,700	183	1.95	—	—	—	136	74.3
1935	93,900	195	2.07	—	—	—	143	73.3
1936	93,690	211	2.25	1	0.47	0.01	154	72.9
1937	92,760	215	2.31	2	0.93	0.02	155	72.0

There were 86 notifications of diphtheria, giving an attack rate of 0.92 compared with 1.49 for England and Wales.

In the Registrar-General's returns for 1936, only ten county boroughs had a lower attack rate. The continued absence was all the more remarkable in view of the presence of the "gravis" strain in the neighbouring cities of Hull and Sheffield.

Five deaths occurred, giving a death-rate of 0.05 compared with 0.07 for England and Wales. 82 cases (95 per cent.) were removed to the Corporation Hospital for treatment.

It is highly desirable that where skilled nursing is not available every case of diphtheria should be admitted to hospital, in view of the possible sequelæ. Much larger doses of antitoxin, often intravenously, are given nowadays.

Grimsby was fortunately free from the severe type of diphtheria which visited many of the large towns in this part of the country during the latter part of the year. Only a small amount of immunization against diphtheria—several hundreds—has been carried out in Grimsby, and in view of the low incidence of the disease during the last few years there is a reasonably fertile soil for an outbreak.

There is still a tendency among practitioners in the area to await bacteriological confirmation before making a diagnosis on clinical grounds.

Diphtheria antitoxin is supplied to practitioners free on demand for necessitous cases, but the word "necessitous" is liberally interpreted.

The table appended shows the prevalence of Diphtheria over a period of years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year.	2 Estimated Population.	3 Total No. of Cases Notified.	4 Attack Rate per 1,000 Population.	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified.	7 Mortality per 1,000 Population.	8 No. of Cases treated in Hospital.	9 Percentage removed to Hospital.
1925	86,810	88	1.01	2	2.27	.02	72	81.8
1926	87,190	78	0.89	—	—	—	67	85.8
1927	88,340	62	0.70	6	9.67	.06	47	75.8
1928	90,270	111	1.22	3	2.70	.03	88	79.2
1929	91,440	98	1.07	7	7.14	.07	73	74.4
1930	91,440	65	0.71	2	3.07	.02	50	76.9
1931	92,280	59	0.63	7	11.86	.07	43	72.8
1932	92,250	127	1.37	6	4.72	.06	109	85.8
1933	93,090	84	0.90	4	4.76	.04	72	85.7
1934	93,700	61	0.65	2	3.27	.02	57	93.4
1935	93,900	55	0.58	3	5.45	.03	53	96.3
1936	93,690	48	0.51	2	4.16	0.02	47	97.9
1937	92,760	86	0.92	5	5.81	0.05	82	95.3

Diphtheria  
Immunization.

The free provision of immunization material to practitioners in necessitous cases has been continued. Owing to shortage of medical staff it was not possible to do more than a limited amount of immunization. During 1938 it is hoped that clinics for this purpose will be held at all the child welfare centres and at the infant departments of all elementary schools. The process is only carried out with the written permission of the parent or guardian.

All cases admitted to the children's block at the Sanatorium are immunized as a routine, and all children under 12 years of age admitted to the Brighouse Homes are similarly dealt with when the permission of the parent has been obtained.

One case of enteric fever was notified, the attack rate being 0.01 as compared with 0.05 for England and Wales. Enteric Fever.

The appended table shows the rate of incidence of Typhoid Fever in the town over a series of years:—

**INCIDENCE OF ENTERIC FEVER (TYPHOID AND PARATYPHOID) IN VARIOUS YEARS.**

1 Year.	2 Estimated Population.	3 Total No. of cases Notified.	4 Attack Rate per 1,000 Population.	5 No. of Deaths Regd.	6 Mortality per 100 cases Notified.	7 Mortality per 1,000 Population.	8 No. of Cases treated in Hospital.	9 Percentage removed to Hospital.
1925	86,810	7	.08	1	14.2	.01	6	85.7
1926	87,190	5	.05	1	20.0	.01	2	40.0
1927	88,340	16	.18	1	6.2	.01	10	62.5
1928	90,270	3	.03	1	33.3	.01	1	33.3
1929	91,440	3	.03	2	66.6	.02	1	66.6
1930	91,440	7	.07	2	28.5	.02	6	85.7
1931	92,280	7	.07	3	42.8	.03	6	85.7
1932	92,250	1	.01	1	100.0	.01	1	100.0
1933	93,090	2	.02	1	50.0	.01	2	100.0
1934	93,700	2	.02	—	—	—	1	50.0
1935	93,900	2	.02	1	50.0	.01	1	50.0
1936	93,690	2	0.02	1	50.0	0.01	2	100.0
1937	92,760	1	0.01	—	—	—	1	100.0

There were notified 37 cases of puerperal pyrexia, giving a rate per thousand total births (*i.e.* live and still) of 23.5 as compared with 13.9 for England and Wales. Puerperal Pyrexia.

The increased incidence is due mainly to the replacement of handywomen by municipal midwives in the latter part of the year, the latter being careful to see that notification was duly carried out. When the case is nursed at home the services of a nurse from the District Nursing Association are offered by the local authority. Nearly 50 per cent. of the cases were removed to hospital, a highly desirable step in many cases.

One case—an infant of 4 months—was notified, which was removed to the Corporation Hospital and terminated fatally. Cerebro-Spinal Fever.

Fourteen cases were notified, giving a case rate of 0.15 as compared with 0.37 for England and Wales. 35 cases were notified in 1936. Erysipelas.

The total number of notifications received was eighty—54 Pneumonia of acute primary pneumonia and 26 of influenzal pneumonia. Deaths registered from all forms of pneumonia numbered 75.

Thirty-five cases were notified in 1936.

Ophthalmia  
Neonatorum.

Twenty-six cases were reported during the year, compared with 15 cases in 1936, and two cases were admitted to the Corporation Hospital for treatment. The services of a nurse from the District Nursing Association is offered by the local authority in all cases nursed at home.

Chicken  
Pox.

There were notified 302 cases of chicken-pox, compared with 683 cases in 1936. Two cases were treated in the Corporation Hospital.

## Small-Pox.

There were no cases of small-pox in Grimsby during 1937.

At one time during the year it was considered that it might be desirable for the local authority to make alternative arrangements in respect to the treatment of small-pox and to demolish the hospital at Laceby, but in view of the Air Raid Precautions scheme of the authority it was finally decided that it was desirable to retain this hospital.

## Vaccination.

The following table shews the Vaccination Officer's Returns for the last ten years :—

YEAR.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Births .. .. ..	1733	1696	1746	1634	1579	1609	1749	1656	1675	1522
Successfully Vaccinated .. ..	607	482	507	503	413	408	439	443	497	414
Insusceptible of Vaccination .. ..	5	4	9	5	12	15	11	8	3	4
Had Small Pox .. .. ..	—	—	—	—	—	—	—	—	—	—
Declarations of Conscientious objection	1023	1118	1122	1025	1038	1072	1196	1113	1042	1007
Died Unvaccinated .. .. ..	97	96	94	71	85	77	71	59	86	58
Removals transferred to other districts	19	15	13	15	32	25	27	21	14	10
Postponed by Medical Certificate .. ..	7	7	3	7	7	4	9	5	6	5
Removals to places unknown or which cannot be reached .. .. ..	8	5	8	16	11	14	8	7	25	28
Temporarily unaccounted for .. ..	2	—	—	—	—	1	—	—	—	2
Percentage Vaccinated as to births ..	37.1	30.1	30.6	32.2	27.8	26.5	26.1	27.7	31.2	28.2
Successfully Vaccinated after Dec. of C.O. has been made .. ..	2	1	9	2	1	—	—	—	1	—
Successful Vaccinations of cases born in other districts .. .. ..	22	8	7	29	13	25	10	14	11	11

It will be noted that there has been relatively little change during the past six years in regard to the percentage of vaccinations in relation to births.

It should be appreciated by the parents of infants that vaccination, when not already carried out, is rendered necessary in adolescence should the person go abroad or seek to obtain various types of appointments.

The Vaccination Officer's work continues to be as strenuous as ever, as he has to do as much visiting, if not more, in a case in which the conscientious objection has been raised as in one of successful vaccination. The work has been somewhat diminished in recent years by the drop in the birth rate, but this has been more than offset by the increased movement in the population in Grimsby during the past few years.

A summary of the Vaccination Officer's work is shown below :—

Visits to homes .. .. .. .. ..	2291
Interviews at office .. .. .. .. ..	267
"Q" Notices sent out .. .. .. .. ..	595
"K" Notices sent out .. .. .. .. ..	46
Number of children listed to Public Vaccinator .. .. ..	533
Notifications of expiration of Postponement Certificate .. ..	114
Registrations in duplicate 1009 } Total .. ..	1626
Registrations in triplicate 617 }	
Transferred to other districts .. .. .. .. ..	27
Death Registrations .. .. .. .. ..	87
Birth Registrations indexed to cards .. .. .. .. ..	1522
Removals traced .. .. .. .. ..	233
Defaulters recovered .. .. .. .. ..	74
Forms spoilt and new ones issued .. .. .. .. ..	139
Copies of certificates sent to other districts .. .. .. ..	11
Entries made in Report Book and indexed to Register .. ..	595
Prosecutions under the Acts .. .. .. .. ..	Nil

The work of the Public Vaccinator was as follows :—

#### CHILDREN.

Successful in the 1st instance .. .. .. .. ..	335
Unsuccessful in the 1st instance, but successful in the 2nd .. .. .. .. ..	23
Unsuccessful in the 1st and 2nd instances, but successful in the 3rd .. .. .. .. ..	5
Unsuccessful in the 1st and 2nd instances, since removed and untraced .. .. .. .. ..	1
Unsuccessful in the 1st and 2nd instances, followed by Declaration of Conscientious Objection .. .. .. .. ..	1
Unsuccessful in all 3 instances .. .. .. .. ..	3

#### ADULTS.

Successful Primary Vaccinations .. .. .. .. ..	10
Successful Re-vaccinations .. .. .. .. ..	7
Unsuccessful Primary Vaccinations .. .. .. .. ..	Nil
Unsuccessful Re-Vaccinations .. .. .. .. ..	Nil

#### NON-NOTIFIABLE INFECTIOUS DISEASES.

Four hundred and eighty-one cases, as compared with 245 in 1936, were brought to the notice of the Health Department by health visitors, school teachers, etc. Every endeavour was made to educate the public regarding the dangerous character of this disease, and to admit to the Corporation Hospital all cases where Measles.

there was risk of complications, bad housing, etc. During the year 25 cases were thus admitted. Serum is not yet available except in the larger centres of population.

Four deaths occurred during the year, equal to a death-rate from this cause of 0.04 compared with 0.02 for England and Wales.

Whooping Cough.

Forty-three cases, as compared with 310 in 1936, were brought to the notice of the Department, and educational leaflets were distributed. Nine cases were admitted to the Corporation Hospital for treatment. There were four deaths during the year, equal to a death-rate from this cause of 0.04 which is the same rate as that for England and Wales.

Grimsby Corporation Hospital.

I am indebted to the Matron, Miss E. D. Mackenzie, R.R.C., for the following report for the year in respect to the isolation side of this hospital:—

**SCARLET FEVER.**—155 cases were admitted from Grimsby and 15 from outside the borough. There were two deaths, both Grimsby cases. The average stay in hospital was 30.4 days. Complications were:—adenitis, 6; arthritis, 1; impetigo, 3; otorrhœa, 8; furunculosis, 1; rhinorrhœa, 3; catarrhal jaundice, 1; albuminuria, 2; rheumatism, 1; bronchitis, 1; broncho-pneumonia, 1; and tonsillitis, 1.

**DIPHTHERIA.**—82 cases were admitted from Grimsby and 95 from outside the borough. There were seven deaths, five Grimsby cases and two outside patients. Five cases of tonsillitis which were notified as diphtheria were admitted and one of these from outside the borough died. The average stay in hospital was 35.3 days. Complications were:—paralysis, 6; serum rash, 33; bronchitis, 2; impetigo, 7; stomatitis, 1; adenitis, 2; albuminuria, 1; arthritis, 1; otorrhœa, 3; and conjunctivitis, 2.

**ERYSIPelas.**—7 cases were admitted from Grimsby and 4 from outside areas. Of these one from outside the borough died. The average stay in hospital was 21 days. All cases were treated with prontosil.

**PUERPERAL CASES.**—18 cases were admitted from Grimsby and 7 from outside areas. There was one death (outside), the patient being moribund on admission. Puerperal fever, pyrexia and complications such as phlegmasia alba dolens are included in this group.

**WHOOPING COUGH.**—There were 9 cases admitted, all from the borough. One case developed broncho-pneumonia and recovered with treatment. The average stay in hospital was 29.6 days.

**MEASLES.**—25 cases were admitted from Grimsby and two from outside the borough. Eight of the Grimsby cases had concomitant pneumonia, and two of these died. The average

stay in hospital was 28.3 days. Complications were :—empyema, 1 ; conjunctivitis, 2 ; otorrhœa, 2 ; abscess of scalp and pneumonia, 1 ; adenitis, 1.

**OPHTHALMIA NEONATORUM.**—Two cases were admitted from the borough, both of which made a complete recovery.

**RUBELLA.**—Two cases were admitted from the borough. Average stay in hospital 21 days.

**VARICELLA.**—These cases are admitted when the home circumstances demand it and the disease is severe, requiring careful nursing. Two cases were admitted from the borough. There were no deaths and no complications.

**PRIMARY PNEUMONIA.**—7 cases were admitted from the borough, and there were two deaths.

**INFLUENZA.**—8 cases of influenza and 10 of influenzal pneumonia were admitted from the borough. Three of the latter cases terminated fatally.

**TYPHOID FEVER.**—One case was admitted from the borough and recovered after a stay in hospital of 57 days.

**STREPTOCOCCAL THROAT.**—6 cases were admitted from the borough ; all recovered.

**MUMPS.**—14 cases were admitted from the borough ; all recovered.

Other diseases admitted were :—cerebro-spinal meningitis, 1 (died) ; acute rheumatism, 1 ; rickets, 1 ; rheumatic pleurisy, 1 ; suspected typhoid fever, 1 (proved to be gastro-enteritis) ; acute bronchitis, 1 ; catarrhal laryngitis, 1 ; polio-encephalitis, 1 (died) ; coryza, 1 ; measles contacts, 2 ; cellulitis of neck (suspected anthrax, but proved not to be so) 1 ; summer diarrhœa, 2 (one of which died) ; meningismus, 2 ; suspected typhoid (proved to be miliary tuberculosis) 1 ; septicæmia (proved to be tuberculous pyo-pneumothorax) 1, (died) ; contagious impetigo, 1 ; pemphigus, 1 ; bronchitis, notified as laryngeal diphtheria, 1 ; notified poliomyelitis, (proved not to be so) 1 ; dysentery, 1.

**LABORATORY.**—This is in constant use for the routine examination of throat swabs and sputa. All cases of diphtheria and suspected throats have swabs taken on admission, and media are inoculated in the ward. The nurse then places the culture in the laboratory incubator.

During the year, 2,576 diphtheria swabs and 465 specimens of sputa were examined.

All nurses on joining the staff are tested for their susceptibility to diphtheria and scarlet fever, and if necessary immunized.

## Cancer.

The death-rate in Grimsby and in England and Wales is shown in the table below:—

## DEATH-RATE PER 1,000 FROM CANCER.

	Grimsby.	England and Wales.
1925	..	1.15
1926	..	1.35
1927	..	1.38
1928	..	1.33
1929	..	1.52
1930	..	1.43
1931	..	1.37
1932	..	1.38
1933	..	1.47
1934	..	1.80
1935	..	1.52
1936	..	1.55
1937	..	1.29

It will be noted that the cancer mortality rate shews a slight relative fall, and it is actually lower than it has been in any year since 1925. Nevertheless the position is not satisfactory as the only facilities for treatment in the area consist of a small amount of radium possessed by one of the medical staff at the Grimsby and District Hospital, which is freely rendered available to his colleagues for treatment of patients at the hospital.

There is no deep X-ray therapy apparatus in the area. A few cases have been sent by the Public Assistance Committee for treatment at the National Radium Centre at Sheffield.

As forecasted in my annual report for 1936, following the initiative of the Health Committee of this county borough, a satisfactory regional scheme has been evolved and is to be administered by a joint committee. It is hoped to secure on loan sufficient radium for the needs of the area from the National Radium Trust, and to appoint three medical officers and a physicist to supervise the use of such radium. It is also proposed to erect buildings at the voluntary hospitals at Grimsby, Lincoln and Scunthorpe, and at the municipal hospital at Boston, to house deep X-ray plants, the joint committee providing the technical equipment in all cases.

An analysis of the 120 deaths from cancer during 1937, shewing localisation, age and sex distribution is here given :—

	25—	M	F	45—		65—		71	
				M	F	M	F	M	F
Buccal cavity and pharynx .. ..	—	—	—	7	—	3	3	10	3
Digestive organs and peritoneum .. ..	2	2	—	8	9	25	8	35	19
Respiratory organs .. ..	2	—	—	4	2	3	—	9	2
Uterus .. .. .. ..	—	1	—	—	7	—	4	—	12
Other female genital organs .. ..	—	—	—	—	—	5	—	2	—
Breast .. .. ..	—	—	1	—	—	3	—	5	—
Male genito-urinary organs .. ..	—	—	—	1	—	—	2	—	3
Skin .. .. ..	1	—	—	—	—	2	2	1	3
Other or unspecified organs .. ..	—	—	—	2	3	—	—	2	3
Totals .. ..	5	4	22	31	35	23	62	58	

No action was taken in regard to Section 66 of the Public Health Act, 1925, or under Section 176 of the Public Health Act, 1936, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

The welfare of the blind has been delegated by the Council to the Grimsby Society for the Blind, who do excellent work. The work under the Blind Persons Act is delegated to the Society.

## Tuberculosis

I am indebted to Dr. J. M. Vine, Tuberculosis Officer, for the following report :—

TABLE SHEWING NEW CASES AND MORTALITY DURING 1937 FOR THE COUNTY BOROUGH OF GRIMSBY.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	—	—	—	—	—
1—5	—	—	4	2	—	—	2	1
5—10	1	—	4	5	—	—	—	—
10—15	3	7	2	3	—	3	—	1
15—20	9	7	3	1	—	2	1	—
20—25	10	13	1	4	5	4	2	1
25—35	12	13	3	4	8	7	1	—
35—45	14	6	2	—	8	2	1	—
45—55	6	3	1	—	5	2	—	—
55—65	8	2	1	—	3	1	—	—
65 and upwards	1	1	—	—	3	—	—	—
Totals . . .	64	52	21	19	32	21	7	3

TOTAL NEW CASES . . . 156.      TOTAL DEATHS . . . 63.

Death Rate per 1,000 of Population	Pulmonary . . .	0 57
"      "	Non-Pulmonary . . .	0 10
"      "	All Forms . . .	0 67

Included in the deaths were 5 cases that had not been previously notified as suffering from tuberculosis. The proportion of non-notified deaths therefore is 7·9, as compared with 9·3 per cent. in 1936, and 8 per cent. in 1935.

It is the duty of every medical practitioner to notify within forty-eight hours to the local medical officer of health any cases of tuberculosis occurring in his practice, and the medical officer of health is charged with the duty of keeping a register of such cases reported in his sanitary district.

When a death is shewn on the Registrar's weekly return as having been certified as due to tuberculosis, and the deceased person has not been previously notified as suffering from that disease, a letter is sent to the doctor concerned drawing his attention to the fact and reminding him of his statutory obligations to notify any such case as soon as he has arrived at his diagnosis.

Non-Notification.

The number of primary notifications received per 1,000 of the population, and the ratio of non-notified deaths for the past years, are shewn below :—

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	Non-Pulmonary.
			Pulmonary.		
1922	109	1.30	45%	—	—
1923	200	2.36	24%	—	—
1924	193	2.25	18%	—	—
1925	186	2.14	18%	—	—
1926	213	2.40	26%	—	—
1927	170	1.92	23%	—	—
1928	195	2.16	22%	—	—
1929	189	2.06	12%	—	—
1930	194	2.12	24%	—	—
1931	206	2.23	25%	—	—
1932	197	2.13	14%	6.6%	7.5%
1933	176	1.89	15%	5.6%	10.1%
1934	221	2.35	11%	7.0%	4.1%
1935	217	2.31	8%	5.4%	2.7%
1936	184	1.96	9%	4.7%	4.7%
1937	156	1.68	8%	8.0%	—

It will be noted that the number of non-notified deaths during 1937 was 5, being a decrease of 1 on the previous year, also a decrease of 1 per cent. has to be recorded in this rate, as the deaths for the year under review numbered 63, as compared with 64 for 1936.

Medical Officers of the Department have notified 26 cases of tuberculosis, or 23 per cent. of the total notifications received during the year, as compared with 43 cases and 23 per cent. in 1936.

Some of the reasons may be explained as follows :—

- (a) Contact examinations have yielded 5 definite cases and certain cases referred by Medical Officers of the Health Services have been found to be tuberculous.
- (b) The acute cases with no doctor in attendance, or only for a few days prior to death.
- (c) Definite cases of tuberculosis transferring to this area which are required to be re-notified under the Public Health (Tuberculosis) Regulations 1930.

(d) Notification not being made owing to a misunderstanding of the Tuberculosis Regulations, or to the belief that the case is already notified by another practitioner.

From the analysis of the 5 non-notified cases who died during 1937, it is revealed that 3 died from pulmonary tuberculosis which was not diagnosed until practically death occurred; 1 was discovered in post mortem examination, and 1 was an inward transferable death from the Registrar-General concerning a late inmate of a mental institution. The fact that one of these cases was not previously notified as suffering from tuberculosis was due to the practitioner and his partner, each of whom thought the other had notified the case.

Table T. 1  
(page 131)

It will be seen there is again a preponderance of deaths in the first seven columns. A factor of paramount importance in the success of a tuberculosis scheme is the promptness with which notifications are received by the local authority. There is still room for further improvement in this direction. Too many cases are being notified when the disease is well-established and going into the advanced stages. This is proved by the fact that out of 63 deaths recorded during 1937, 37 persons died within one year of being notified apart from the 5 un-notified cases who died.

But of equal importance with the above is the reluctance of so many patients to seek medical advice for illness which later is found to be tuberculous disease. For this they can scarcely be blamed, since the insidious onset of tuberculosis is one of its chief features. Were tuberculosis to make its first attack by a serious illness, a large haemorrhage, or severe pain, we would have much greater success in combating it, but it is a common experience to find a patient visiting his doctor for the first time when the disease has already become well-established. Again, cases arise where the individual man or woman has reason to suspect tuberculosis, but is frightened to visit the doctor through fear of a sentence which may be pronounced upon him or her and which will break up the home. The man therefore keeps on at his work until actual weakness forces him to bed, when the diagnosis is made, in so many cases, too late.

Co-operation between the Local Authority and medical practitioners continues to be of a very satisfactory nature, and an increasing number of doubtful cases is being sent to the Dispensary for investigation. This investigation frequently means a period of observation spread over several months, during which the whole resources of the Dispensary, including X-ray examination and biological tests are brought into use. When a decision has been arrived at, a full report is sent to the doctor concerned. This is much appreciated.

An undeserving amount of weight is given by some practitioners to sputum examinations. It should be understood that whereas a positive sputum (*i.e.*, one containing tubercle bacilli) clinches a diagnosis, a negative sputum is by no means equally conclusive. A practitioner who suspects pulmonary tuberculosis

in a patient should continue to send sputa to the Health Department until either a positive result has been obtained or the diagnosis arrived at by other means, *e.g.*, X-ray.

In a general way the function of the Tuberculosis Dispensary should be to serve as :—

- (a) Receiving house and centre of diagnosis.
- (b) Clearing house and centre for observation.
- (c) Centre for curative treatment.
- (d) Centre for the examination of contacts.
- (e) Centre of special examinations of ex-soldiers and ex-sailors for the Ministry of Pensions and the Medical Boards of the Ministry of Pensions.
- (f) Centre for "after-care."
- (g) Information bureau and educational centre.

The following table, as required by the Ministry of Health, is a general analysis of the work done by the Tuberculosis Department in the Dispensary, Burgess Street, during the year :—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):—														
(a) Definitely tuberculous	54	37	3	5	8	8	8	6	62	45	11	11		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	32	27	24	27	418	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	47	70	36	26		
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous	1	2	—	—	—	—	1	1	1	2	1	1		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	14	18	27	23	258	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	34	41	45	51		

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				Grand Total.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
C.—CASES written off the Dispensary Register as														
(a) Recovered	6	4	—	1	1	6	7	6	7	10	7	7	31	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	..	—	—	—	—	—	—	—	110	144	116	109	479	
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous	155	133	16	12	32	33	89	77	187	166	105	89	547	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	47	48	55	54	204	

1. Number of cases on Dispensary Register on January 1st .. .. ..	656
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years .. .. ..	15
3. Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of" ..	28
4. Cases written off during the year as Dead (all causes) .. .. ..	58
5. Number of attendances at the Dispensary (including Contacts) ..	7171
6. Number of Insured Persons under Domiciliary Treatment on the 31st December .. .. ..	Nil
7. Number of consultations with medical practitioners :--	
(a) Personal .. .. .. .. .. .. ..	113
(b) Other .. .. .. .. .. .. ..	1611

NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS (excluding Centres used only for special forms of treatment).

Provided by the Council .. .. .. .. .. .. .. .. 1  
 " " Joint Board .. .. .. .. .. .. .. .. Nil  
 Provided by Voluntary Bodies .. .. .. .. .. .. .. .. Nil

During the year 1,341 individual persons attended the Tuberculosis Dispensary, making a total of 7,171 attendances.

The following table illustrates the progress the Department has made in recent years:—

Year.	Total number of persons who attended.	Number of new Cases.	Total Attendances.
1923	444	205	2,708
1924	468	248	2,834
1925	519	237	3,020
1926	524	251	4,210
1927	637	376	5,499
1928	556	274	5,121
1929	705	315	4,044
1930	775	414	4,620
1931	768	455	7,019
1932	839	483	8,641
1933	773	440	8,723
1934	854	526	8,605
1935	1230	560	9,570
1936	1407	493	7,644
1937	1341	691	7,171

During the year under review 156 cases were notified under the Public Health (Tuberculosis) Regulations, 1930, as suffering from tuberculosis (all forms), whereas the number of persons who applied to the County Borough for treatment amounted to 153, equal to 98 per cent. of the notifications received. Of the

## Applications for Treatment

balance of 3 persons who did not apply for treatment, or 2 per cent. of the cases notified, 1 had a fatal termination before he could be seen by the Tuberculosis Officer, 1 case refused Public Medical Treatment, and 1 case was notified from the Scartho Road Infirmary, and on discharge removed to a neighbouring authority.

The percentage of persons applying for treatment remains very satisfactory.

Classification of new cases.

(a) *Pulmonary Tuberculosis.*

During 1937 applications were received from 99 new cases suffering from pulmonary tuberculosis, in addition to which must be added three definite cases discovered in the examination of contacts. In 1936, 87 new cases were found, also 4 definite contacts.

The following is the classification of these new cases, together with a comparison of the figures for the previous years:—

		1937.	1936.	1935.	1934.	1933.
(a)	T.B. Minus (Sputum negative or absent)	38	46	45	60	24
(b)	T.B. Plus 1 (Positive early case)	16	8	14	12	18
(c)	T.B. Plus 2 (Positive intermediate case)	28	22	33	24	21
(d)	T.B. Plus 3 (Positive advanced case)	20	15	16	20	31

(b) *Non-Pulmonary Tuberculosis.*

There were 30 new cases diagnosed as suffering from non-pulmonary tuberculosis, in addition to which must be added two definite cases discovered in the examination of contacts. In 1936, 56 new cases were found, also one definite contact.

The following table gives a comparison with previous years:—

Year.	Bones.	Abdomen.	Other Organs.	Peripheral Glands.	Total.
1930	21	11	12	19	63
1931	25	8	18	28	79
1932	8	12	11	23	54
1933	13	6	11	18	48
1934	15	10	2	60	87
1935	8	9	9	39	65
1936	13	10	16	17	56
1937	5	4	13	10	32

It must be understood that in a great number of cases the source of infection is via the milk supply. It clearly shows the advantages of supplying pasteurised milk or milk from tuberculin tested herds to children, or else treating all milk for children by heat after it reaches the consumer. Diagnosis has been materially aided by the routine use of the Mantoux test, and it

happens from time to time that three or four children of one family are found to be suffering from this fortunately relatively mild form of tuberculosis. In such cases the position is explained to the parents, and they are advised as to the best means of combating this condition at home. Help is given in the form of extra nourishment, clothing, etc., to necessitous cases, and the patients are seen by the Tuberculosis Officer at the Dispensary every month. Often this is sufficient to check the disease, but those cases who continue to go downhill are taken in the Sanatorium where the simple treatment by regular hours, adequate food and healthy surroundings is almost invariably sufficient to arrest the disease for the time being.

This is, however, not the whole story, and there is a great need for more prolonged treatment of such cases than the limited children's block at Scartho allows. The Grimsby Tuberculosis Scheme lacks that most valuable aid to the proper setting up of these children, an Open-air School. Such an institution would permit tuberculous children to be kept under daily observation, under the special conditions of particular hygiene which is called for in such cases, for a number of years—not months—with an excellent prospect of completely arresting the disease. The results of the establishment of Open-air Schools have been so uniformly satisfactory throughout the country that there can be little doubt that both from an economic, as well as from a humanitarian aspect, the necessary outlay on their foundation and maintenance is well repaid.

The following table shews the number of Mantoux tests carried out during 1937, and the results obtained:—

	Adult Males.	Adult Females.	Male Children.	Female Children.	Total.
Positive reaction	2	—	22	33	57
Negative reaction	—	—	47	43	90
Totals	2	—	69	76	147

Of the total cases who applied for treatment 91.6 per cent. of the new cases were seen before notification by the Tuberculosis Officer as to diagnosis. The figure for the previous year was 88.7 per cent. and is highly satisfactory, as it is considered if 80 per cent. of new cases are referred before diagnosis this is the index figure to work to. Contacts.

The figure 91.6 per cent. refers only to cases actually seen in the Dispensary, or by home visiting as consultation cases, and does not include a diagnosis made by the Tuberculosis Officer in the Pathological Laboratory before notification. If the quota obtained from these specimens were included the figure would be further increased.

The systematic examination of contacts continues. In the majority of cases the Tuberculosis Officer regards contacts as subjects for prolonged observation, especially where the primary case has an open lung lesion, and sees them at intervals over a period of many months at the Dispensary.

There has been a great increase in the number of contacts examined this year—258 as compared with 62 in 1936. It is considered that at least two contacts should be examined for every positive case appearing during a year, and this figure has been greatly exceeded. It is the Dispensary nurse's duty to make home visits at intervals to all notified cases for the purpose, amongst others, of arranging for the examination of contacts at the Dispensary. As the work of the Dispensary grew her time was encroached on to such an extent that it became impossible to cope with the home visiting. The part-time services of a second nurse were therefore obtained, releasing the senior nurse for two afternoons weekly with the satisfactory result referred to.

An arrangement has also been made with the Assistant School Medical Officer who receives at intervals a list showing school children who are either contacts or have been under treatment at the Dispensary. The school medical cards are appropriately marked, and the Medical Officer has thus a supply of important information aiding him in his routine inspections. A very close co-operation exists between the School Medical Service and the Tuberculosis Department.

The importance of this branch of the service is shown by the number of contacts found to be tuberculous. There is also good grounds for belief that the physical examination and the advice given by the Tuberculosis Officer act as a warning to those within the sphere of infection and put them on their guard.

The following table shews the number of contacts examined since 1925:—

	Tuberculous.				Total Examinations.			
	Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.
1925	—	—	1	—	9	24	15	16
1926	—	1	—	—	9	30	8	19
1927	—	—	—	—	4	19	16	20
1928	—	1	1	—	—	20	17	14
1929	1	1	—	—	19	25	35	34
1930	—	3	2	2	33	38	55	65
1931	—	3	1	—	25	80	35	31
1932	1	5	3	1	57	97	15	14
1933	3	5	2	5	22	59	16	25
1934	—	4	24	9	25	36	68	53
1935	1	2	5	9	25	34	58	51
1936	—	4	1	—	12	15	32	31
1937	1	2	1	1	49	61	73	75

The number of Home Visits paid by the Tuberculosis Officer was 507, as compared with 362 for the previous year. 113 visits were paid in consultation with the patient's private doctor (as compared with 71 in 1936), the remainder being periodical visits to cases who were unable to attend the Dispensary. Home Visits.

It is gratifying to find that doctors are co-operating with the Tuberculosis Officer to a marked degree, and calling him into consultation in practically all doubtful cases.

Much useful information has been acquired concerning the environmental conditions of cases, together with sanitary defects, which are at once reported.

During 1937, 19 patients were seen by the School Dentist at the Dental Clinic, as compared with 19 in the previous year. Dental Treatment.

Under the supervision of the Dispensary staff at the close of the year were six soldiers or sailors whose disease was held by the Ministry of Pensions to be attributable to, or aggravated by, service in the Great War, and a pension granted for disability. Tuberculous Ex-Servicemen.

During the year two ex-servicemen received institutional treatment in the Corporation Hospital, as compared with one patient in 1936.

The senior Tuberculosis Nurse made a total of 1,204 visits during the year, as compared with 832 in 1936, to the homes of patients. When it is considered that four mornings a week are taken up with artificial sunlight treatment and the artificial pneumothorax clinic, and that one afternoon each week is filled by a Dispensary session, it will be realised that this represents long hours and a great deal of hard work. Nurse's Visits.

During the course of the year 1065 specimens were examined in the Council's laboratories for the presence of tubercle bacilli, this being the largest number examined in one year. Bacteriological Laboratory Examinations.

The reports are handed to the doctors concerned within twenty-four hours, and this is very much appreciated by them.

The following table shews the source from which the specimens were obtained :—

Tuberculosis Dispensary.		Specimens from Residential Institutions.				General Practitioners.	
		Corporation Hospital.		Infirmary Institution.			
Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
36	244	157	308	7	66	38	209

The enormous growth in this important section can be seen from the following figures:—

Year.	Positive.	Negative.	Total.
1921	36	102	138
1922	46	174	220
1923	103	193	296
1924	109	211	320
1925	85	247	332
1926	100	246	346
1927	162	318	470
1928	210	378	586
1929	223	396	619
1930	159	419	578
1931	229	490	739
1932	296	567	863
1933	226	640	866
1934	276	633	909
1935	283	658	941
1936	236	721	957
1937	238	827	1065

Arrangements have been made with the Grimsby and District Hospital and the Grimsby Corporation Hospital for the culture of tuberculous fluids, using the Lowenstein technique, also for animal inoculation.

**Artificial Pneumothorax Clinic.**

This clinic was commenced in 1934, in order to carry on this form of treatment in patients after they had left the sanatorium. The condition of the chest with its collapsed lung can be accurately observed on the Fluorescent screen of the X-ray apparatus, and patients are regularly screened before receiving their refill. Artificial pneumothorax is perhaps the greatest advance in the treatment of pulmonary tuberculosis since the disease was first investigated. It is the first step in the active attack, and in many cases in which it can be employed is sufficient to stem the progress of pulmonary tuberculosis, and to turn it from an incurable into an eminently curable disease.

During 1937 patients made a total of 374 attendances at this Clinic, as compared with 325 in 1936.

**X-Ray Work.**

There has been a great increase in this branch of the Dispensary work. Modern methods of dealing with chest diseases demand an evergrowing use of the X-ray machine. Not only in establishing and placing a diagnosis on record, but also in accurately arriving at the extent of the disease, is the X-ray indispensable.

Every adult case and all children sent in as "suspect" chests are now X-rayed at least once. Every patient who enters the Sanatorium as a chest case has a permanent record of his or her condition in an X-ray film, and in many cases where there is reason to expect a change in the chest condition due to treatment, a series of X-rays is taken at intervals.

The Dispensary machine can only be used for chest work, and for this its behaviour has been completely satisfactory during the year.

By arrangement with the Grimsby and District Hospital, the Honorary Orthopaedic Surgeon, Mr. R. Guy Pulvertaft, F.R.C.S. controls and treats all cases of bone and joint tuberculosis at his Orthopaedic Clinic, and where necessary in the Sanatorium, of which he is a member of the staff.

With the X-ray establishment of the District Hospital and the facilities for plastering and manipulation available, out-patient sufferers from surgical tuberculosis are now efficiently catered for, and this formerly backward branch of the Tuberculosis Scheme is now most satisfactorily settled.

In 1934 the Lindsey County Council requested the services of the Tuberculosis Dispensary in regard to the X-raying of certain of their out-patients for diagnostic purposes. An arrangement was made between the Grimsby and Lindsey Councils for this work, and an increasing number of cases is being sent to the Dispensary for this service. In the same way certain Lindsey ex-patients of the Corporation Sanatorium with artificial pneumothorax are screened and refilled at the Dispensary.

During 1937, 1,458 cases were X-rayed and reported upon, as compared with 1,219 in the previous year.

The following table shews an analysis of the work done in this Department during the year:—

	Adult Males.	Adult Females.	Boys.	Girls.	Total.
Screening :—					
Pulmonary	432	503	—	4	939
Films :—					
Pulmonary	240	189	18	40	487
Non-Pulmonary	8	7	8	9	32
Totals	680	699	26	53	1458

1930	Total examinations	..	..	..	128
1931	"	"	..	..	153
1932	"	"	..	..	115
1933	"	"	..	..	150
1934	"	"	..	..	382
1935	"	"	..	..	1,202
1936	"	"	..	..	1,219

Housing  
(pages 136  
and 137).

During the year a total of 116 cases of pulmonary tuberculosis and 40 cases of non-pulmonary tuberculosis were notified. Tables T. 5 and 6 shew the housing conditions of these cases as found on visiting by the nurse.

Every effort is made to secure that infectious cases occupy a separate room, or at least a separate bed, and in some instances a tuberculosis shelter has been loaned where the premises have a suitable garden, etc.

Co-operation between the Tuberculosis Department and the Housing Department of the Local Authority is on a very satisfactory basis, and during the year several families have moved to improved homes on the Council's estates.

Ultra-Violet  
Ray  
Treatment.

The number of patients treated from the Tuberculosis Department since 1934, together with attendances made, is as follows:—

		1934.	1935.	1936.	1937.
Attendances	General Light	4,740	4,172	2,892	2,733
	Local Light	442	85	119	76
Patients	General	154	100	90	88
treated	Local	12	8	9	9

During the year under review patients made a total of 2,733 attendances for general light treatment at 98 sessions (average 28 per session), and a total of 76 attendances for local light treatment at 98 sessions (average 8 per session). Of these a large number had two or more courses of general light.

The further drop in the attendance figures is explained by the fact that the Sunlight Clinic was closed for a period of sixteen weeks, as compared with fourteen weeks in 1936. It was thought advisable that patients should indulge in natural sunlight at the sea front.

The light centre was commenced in 1926, and has been progressing with efficiency since. The details of the apparatus and equipment were given in the report for 1930.

The following tables represents the work done during 1937:—

	No. of cases on treatment 1/1/1937	No. of cases commencing treatment in 1937.	Treatment concluded in 1937		Treatment ended for other reasons	No. of cases under treatment at end of 1937
			Quiescent	Improved		
Skin (lupus) ..	3	--	1	1	1	—
Adenitis ..	26	13	8	6	6	19
Bones, Joints & Spine	—	—	—	—	—	—
Abdomen ..	2	1	—	—	—	3
Observation Cases	17	35	—	—	25	27
Totals for 1937	48	49	9	7	32	49

Included in column six are cases admitted for institutional treatment, together with cases who were discharged as non-tuberculous after periods of observation.

During the year three cases of lupus received treatment at a private clinic where a Krohmayer lamp is used for intensive local irradiation.

No action was taken during 1937 under the Public Health (Prevention of Tuberculosis Regulations), 1925, relating to persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, relating to the compulsory removal to hospital of persons suffering from tuberculosis.

#### GRIMSBY CORPORATION HOSPITAL (TUBERCULOSIS SECTION).

The extended Sanatorium has now been in use for five years.

Although the scheme was intended to provide 108 beds, one large ward is used for male patients as a dayroom, which reduces the number to 98. However, during 1936 four huts of a new design were constructed by the Cleethorpes Appliance Industries (ex-tuberculosis patients) and placed semi-permanently in front of the male block. These are in full use by convalescent patients. They are fitted with an electric reading lamp and a bell, and are a satisfactory addition to the Sanatorium's accommodation. Again, during the summer months four beds are placed on the verandah on the children's block, so that we can actually house 106 patients for a large part of the year.

The waiting list has persisted, but to a less degree than in 1936, and during the current year it is probable that no great hardship has come from this.

A working agreement has been reached with the staff of the Grimsby and District Hospital and the Public Assistance officials by which urgent cases may be admitted to the Grimsby and District Hospital and the Scartho Road Infirmary pending their transfer to the Sanatorium when beds are available. The Tuberculosis Officer visits both Institutions, and the cordial reciprocity thus obtained is of mutual benefit.

The Sanatorium is steadily assuming the role of a chest hospital and active treatment on the most modern lines is carried out. This includes artificial pneumothorax, phrenicectomy, sanocrysin, tuberculin and, in the surgical cases, orthopaedic surgery, splinting and heliotherapy, artificial and natural. The Resident Medical Officer devotes a large part of his time to the tuberculosis section, but when it is considered that a modern Sanatorium of 150 beds usually requires the services of at least two resident medical officers, and that the Sanatorium at Scartho with over 100 beds must carry on with half the time of one Resident Doctor, and the time which the Tuberculosis Officer can spare from his Dispensary duties and his work as Assistant Medical Officer of Health, it will be seen that the hospital is not overstaffed.

The modern treatment of pulmonary tuberculosis is anything but a routine procedure, and each case presents different features which must be studied with great care if a full appreciation of the patient is to be obtained. The time spent in a residential institution has to serve a patient, not only as a period during which he is stopped going down hill and put on his feet again but also (and this is of equal importance) as a course of education in his conduct of life after he has been discharged. It is impressed on him that the Sanatorium does not cure him during his relatively brief stay there. It simply checks the disease and teaches him how to overcome it himself during the years following his return to ordinary life. His condition is assessed for him by the medical staff, and he is advised as to his capacity for work and the limitations he must place upon himself, if he is to consolidate what he has gained under the discipline of the Sanatorium. Experience shews that the first six months after discharge are the most critical ones, and if a patient can weather them successfully his future prospects are very much improved. But it is just here that many patients are so heavily handicapped, and their return to their homes in unsatisfactory conditions, with financial worries, and the burden of families frequently undoes much of the work successfully begun in the Sanatorium. The heroic efforts put up by many discharged patients to help themselves under the most distressing conditions are surely worthy of all the assistance their more fortunate brethren can afford them.

Orthopædics. In 1936 we were looking forward to the appointment of an Orthopædic Surgeon to take over the cases of tuberculosis of bones and joints. In 1937, Mr. R. Guy Pulvertaft, F.R.C.S., was appointed to the staff of the Corporation Hospital with the immediate result that this important branch of the Tuberculosis Scheme was put on an entirely new footing to the great benefit of the patients. Platforms have been built in front of the blocks for men, women and children for natural heliotherapy and additional equipment has been provided for the necessary operative work of this branch of surgery.

We are indebted to Mr. Pulvertaft for the following note on his work at the Sanatorium.

From the commencement of the Orthopædic Service in June, 1937 until the end of the year, twenty five cases of Surgical Tuberculosis were treated in the Isolation Hospital —:

Spine .. ..	7	Knee .. ..	3
Hip .. ..	9	Others .. ..	6

Fifteen of these cases have since been discharged and now attend the Orthopædic Clinic at the Grimsby and District Hospital for supervision.

Increasing use is being made of the operating theatre, which is now equipped with the necessary instruments for Orthopædic Surgery.

A system of co-operation between the Voluntary and Municipal Hospitals has been established; the patient is first seen and the diagnosis established at the Orthopaedic Clinic of the Grimsby and District Hospital—the Tuberculosis Officer is informed of the case and there is seldom a delay of more than a week before the patient is admitted to the Corporation Hospital. When the necessity for the in-patient treatment has ceased, the case is again referred to the Grimsby and District Hospital for after-care treatment.

The Corporation Hospital is well suited for the treatment of surgical tuberculosis; its situation in the country, and its open air wards are of the greatest value. The recent extension of the Children's Balcony is a welcome improvement. Even to those who are accustomed to see the results of open air treatment, it is striking to observe the marked improvement in the tuberculous patient when treated under such conditions.

It is hoped that the Hospital may continue to receive cases from a wide area, and in the near future it may probably be necessary to construct a Children's Ward to be reserved for surgical cases only.

The Hospital is fortunate in possessing a Matron and Nursing Staff who have shown themselves keenly interested in Orthopaedic work, and the management of plasters and frames, which require much detailed attention, has reached a very creditable standard.

The interest and devotion of the Nursing Staff is reflected in the happy and contented state of the wards, which it is so essential to maintain in a hospital dealing with long stay cases.

The following tables give particulars of admissions, discharges etc., of persons treated in the above Hospital:—

	1932.	1933.	1934.	1935.	1936.	1937.
Admissions :—(a) Definite cases	131	127	145	167	146	140
(b) Observation cases	61	49	54	33	39	43
Total admissions	192	176	199	200	185	183

Discharges :—(a) Definite cases	107	91	104	144	125	100
(b) Observation cases	57	50	38	44	29	34
Total discharges	164	141	142	188	154	134

Deaths :—(a) Definite cases	40	30	30	19	26	32
(b) Observation cases	5	3	4	1	—	6
Total deaths	45	33	34	20	26	38

Average number days treatment of patients discharged :—

(a) Definite cases	144	137	198	151	162	190
(b) Observation cases	78	89	124	109	102	125

## Average number days treatment of patients who died :—

	1932.	1933.	1934.	1935.	1936.	1937.
(a) Males (Definite cases)	127	85	65	92	84	130
(b) Females (Definite cases)	99	70	260	168	184	93
(c) Males (Observation cases)	10	28	6	4	—	55
(d) Females (Observation cases)	57	60	14	—	—	—

The following cases have been admitted during recent years from the Lindsey County Council :—

Adult Males	..	39	41	23	26	39	39
Adult Females	..	1	1	1	3	—	2
Children	..	1	—	2	1	4	1
Total admitted	..	<u>41</u>	<u>42</u>	<u>26</u>	<u>30</u>	<u>43</u>	<u>42</u>

The total number of cases therefore admitted to the Tuberculosis Section of the Grimsby Corporation Hospital during 1937 was 225, as compared with 228 in 1936, and 230 in 1935.

## Dental Treatment.

Mr. Ashling, Dental Surgeon, resigned his appointment at the Sanatorium during 1936, and Mr. T. Hall Felton was appointed. The opportunity was taken to institute a comprehensive dental service, including a complete survey of the mouths of every in-patient. After consultation with the Tuberculosis Officer treatment is decided on, extractions, fillings and the provision of dentures. A new dental chair and electric drill has been provided, and Mr. Felton brings his gas-anæsthesia apparatus to the Sanatorium when necessary. The Resident Medical Officer is in attendance during operations.

A small *ad hoc* sub-committee of the Tuberculosis Care Committee functions in connection with the provision of dentures. Advantage is taken of insurance benefit where possible, and the remainder of the cost is assessed between the patient, the Care Committee and the Hospitals Sub-Committee of the Council. The Lindsey County Council patients receive the same services as Grimsby cases, the cost of their dentures being arranged for by their own Authority.

Careful statistics are kept of the Dental Service, and it may be said that it would be difficult to improve on this most important branch of Tuberculosis Treatment.

It should be added that a patient, who without reasonable cause refuses dental treatment, is regarded as refusing tuberculosis treatment and is discharged.

The importance of the eradication of dental sepsis plays a large part in the treatment of all disorders, and especially is this so in the case of tuberculosis.

I am obliged to Mr. T. Hall Felton for the following report on the dental work at the Hospital during 1937 :—

At the end of the first complete year of my appointment as Dental Surgeon to the Grimsby Corporation Hospital some observations on the dental service at this Hospital may be useful.

At the beginning of my appointment in July, 1936, I drew up a scheme for dental examination and treatment of in-patients at the Hospital which, if entirely carried out, would represent a complete dental service. Although it has not yet been possible to carry out the scheme in its entirety I hope eventually to be able to provide a service that is almost, if not entirely, complete.

The scheme provides for the examination of each in-patient soon after admission, for the recording of dental defects and disease requiring treatment, for the giving of the appropriate surgical, conservative and prosthetic treatment, and for the subsequent re-examination of the patient at quarterly intervals.

I found on my appointment a very large number of patients requiring treatment, and this, together with the continued influx of new patients in need of treatment, has necessarily confined my attention largely to the prevention of pain and the prevention and eradication of sepsis which might influence a patient's general health or interfere with his deriving full benefit from his diet and other treatment for tuberculosis. This has resulted in only a small amount of conservative treatment being given. In considering the figures below, these and other difficulties inherent to the provision of dental treatment at the Hospital must be borne in mind, namely :—

(1) The majority of patients admitted to the Hospital have never previously received dental treatment (except the extraction of an aching tooth) other than such treatment which they may have been fortunate enough to obtain as schoolchildren from the School Dental Service.

(2) The technical difficulties of giving treatment to sick patients who cannot be moved from their beds.

(3) The extreme caution which must be used in giving any treatment of a surgical nature to tubercular patients : *e.g.*, in only 15 per cent. of cases needing extractions was it considered advisable to extract more than three teeth at one operation.

(4) The inevitable delays in continuation of a patient's dental treatment due to fluctuations in the patient's general condition and to the effects of other treatment which he may be receiving.

(5) The much extended "waiting period" (*i.e.*, the time which must be allowed for regeneration of the tissues between the extraction of teeth and insertion of dentures) which is encountered in patients suffering from tuberculosis.

No. of visits to Hospital by Dental Surgeon .. . . .	54
No. of visits to Dental Surgeon's private surgery by patients .. . . . .	14

	Male.	Female.	Children.	Total.
No. of Dental Examinations	96	34	36	166
No. of Dental Extractions ..	130	35	60	225
No. of other Operations ..	39	8	1	48
	General.	Local.		Total.
No. of Dental Anæsthetics ..		1	102	103

A leaflet to be given to patients on discharge from Hospital has been prepared, stressing the importance of maintaining their dental efficiency and the effect of this on their general health and resistance to disease. Unfortunately many patients are unable to afford private dental treatment after their discharge and in this connection the great need for a National Dental Service—either by modification of the present National Health Insurance Acts or by extension of the Public Health Services or by some other means—becomes particularly obvious.

My thanks are due to the Tuberculosis Care Committee for their assistance towards the cost of providing dentures in necessitous cases and I am grateful to the Medical and Nursing Staffs of the Hospital for their willing assistance and co-operation, often given at no small inconvenience to themselves.

**Educational Facilities.**

The school at the Sanatorium is under the care of Mrs. Tulloch, and continues to be of great benefit to the children, both from a medical as well as from an education and disciplinary point of view.

The following are the internal statistics of this section of the Corporation Hospital for the year under review :—

**ARTIFICIAL PNEUMOTHORAX.**

No. of A. P. inductions ..	..	..	..	..	..	..	33
No. of refills ..	..	..	..	..	..	..	519

**GOLD THERAPY.**

No. of cases treated ..	..	..	..	..	..	..	17
No. of injections given ..	..	..	..	..	..	..	92

**ARTIFICIAL SUNLIGHT.**

No. of cases treated ..	..	..	..	..	..	..	41
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**PLASTER SPLINTS AND CASTS.**

No. of casts or splints supplied ..	..	..	..	..	..	..	57
-------------------------------------	----	----	----	----	----	----	----

**SEDIMENTATION ESTIMATIONS.**

No. of sedimentation estimations carried out ..	..	..	..	..	..	..	28
---	----	----	----	----	----	----	----

**OPERATIONS.**

No. of operations performed under general anæsthesia ..	..	..	..	..	..	..	13
---	----	----	----	----	----	----	----

**PHRENIC OPERATIONS.**

No. of phrenic operations carried out ..	..	..	..	..	..	..	3
--	----	----	----	----	----	----	---

## PATIENT DAYS.

	Grimsby cases.		Outside cases.	
	<i>Patient days.</i>	<i>Bed case days.</i>	<i>Patient days.</i>	<i>Bed case days.</i>
1933	..	23,795	13,901	5,163
		(Average daily number cases whole institution ..	80)	2,911
1934	..	29,412	20,031	4,116
		(Average daily number cases whole institution ..	92)	2,073
1935	..	29,388	19,790	5,825
		(Average daily number cases whole institution ..	96)	3,750
1936	..	30,320	18,921	6,220
		(Average daily number cases whole institution ..	99.8)	3,823
1937	..	29,953	21,117	6,481
		(Average daily number cases whole institution ..	99.8)	4,310

Every child on admission to the Sanatorium is now immunised by injection against diphtheria.

During 1937 no spine cases were admitted to the Harlow Wood Orthopædic Hospital, whilst the 3 under treatment there at the close of 1936 were discharged. Another spine case for whom the Local Authority is bearing half cost of treatment and maintenance is in the Royal Sea Bathing Hospital, Margate.

At the beginning of 1937 1 case was under treatment in the Brompton Hospital from this Authority in connection with artificial pneumothorax, in addition to which another patient was admitted during the year. Both were discharged before the end of the year.

A great advance in chest surgery has been made in recent years and the outlook for cases suitable for operation has been considerably improved. Advantage is taken of the facilities available at the larger chest hospitals, and the Tuberculosis Officer wishes to record his appreciation of the Hospitals Sub-Committee's action in this regard.

There is one patient suffering from pulmonary tuberculosis in the Bracebridge Mental Hospital, Lincoln.

Admissions to and discharges from outside sanatoria during 1937 were as follows :—

	Sex.	SANATORIUM.	Under treat- 1. 1. 37.	Ad- mitted 1937.	Dis- charged 1937.	Remain- ing on 31.12.37.
Adult	Males	Harlow Wood Orthopaedic Hospital Mansfield ..	2	—	2	—
		Royal Sea Bathing Hospital, Margate ..	1	—	—	1
		Salford Royal Hospital, Manchester ..	—	1	1	—
	Females	Harlow Wood Orthopaedic Hospital, Mansfield ..	1	—	1	—
		Brompton Hospital, London ..	1	1	2	—
Children	Male	Burrow Hill Sanatorium Colony, Frimley ..	1	—	1	—
		Totals ..	6	2	7	1

Tuberculosis  
Care  
Committee.

The Tuberculosis Care Committee was appointed in this County Borough in 1925, and its work has functioned with marked success since.

Up to 1930 the Ministry of Health allowed a grant of £2 per 1,000 of the population per annum, which in the case of Grimsby amounted to £183 per annum, paid by the Local Authority. In September of that year the Town Council agreed to allow the sum of £5 per 1,000 of the population per annum, in accordance with the provisions of the Local Government Act, as set out in the explanatory Circular 1072, which allows authorities to exceed the ratio of their original grant. The revised grant for official allocation through the Town Council now amounts to £470 per annum.

On the 1st January, 1937, the balance in hand of the Special Fund amounted to £111/2/6, whilst the sum of £338/18/2 was raised or contributed during the year, including a grant from the Public Assistance Committee of £50, of which £247/10/10 was spent in addition to the official allocation mentioned above.

The Committee were responsible for raising the sum of £185 1s. 3d. by means of their Annual Dance and Moss Rose Day Street Collection (as compared with £166 5s. 9d. in the previous year), the remainder being contributed by donations or efforts made on behalf of the Committee, and the very best thanks are tendered to these.

In addition to helping with the provision of extra nourishment, in the form of milk and eggs, dental treatment, clothing and foot-wear, bedsteads and bedding, omnibus fares to patients receiving occupational therapy, surgical appliances, repairs, etc., are some of the other forms of assistance provided through the Committee's Special Fund. The supply of extra nourishment still remains the largest item of expenditure; this accounted for £540 from the general and special funds during 1937.

Although the joint scheme of occupational therapy between the Cleethorpes and Grimsby Care Committees was terminated during 1935, certain Grimsby patients are still working at the Centre.

The problem of providing suitable occupation to patients physically able to work had been before the Care Committee a number of times, and in 1936 it was finally decided that a Sub-Committee should be appointed to examine the poultry keeping arrangements at the Sanatorium and report.

As a result of this, recommendations were made to the Care Committee which resulted in the existing poultry stock being disposed of and a more up-to-date method of poultry keeping being introduced. This decision meant an outlay of £150 in the first instance, which has been further supplemented by £50 from the Special Fund.

The Sub-Committee made visits to local poultry farms to inspect the various methods of keeping poultry, where the eggs were produced for commercial purposes. Three systems were considered: (1) The "open run" or allotment system; (2) the "intensive"; (3) the "battery." No. 1 was rejected because of the large area of land required, and the conditions that resulted from any periods of bad weather. No. 2 necessitated manual labour which patients had not strength to perform. No. 3 seemed to meet all that was desired. This system provides an occupation for the patient which is interesting, clean and congenial, the poultry being housed under cover and the work entailed being exceptionally light.

As the term "battery" is very vague, and many ideas are entertained as to its meaning, a short description is given of the system. Cages are made in sections or units containing 12 cages, which are large enough to give every freedom to the poultry. Each cage is complete: food and water being supplied to each bird. The cages are kept clean by a simple arrangement that requires very little labour. The eggs laid automatically descend to the receptacles in front of the cages.

Wood and wire netting for the making of the cages is delivered to the Poultry Farm. The assembling of the wood is done by the patients who are certified medically fit to undertake the work. A large building has been set aside where this work is done.

During 1937 the number of birds in cages has been greatly increased, and it is hoped that early in the new year the maximum number allowed by cages, that is 320, will be reached.

Since the commencement of the scheme in June, 1936, five tuberculosis patients have worked at the Poultry Farm for varying periods. In each case the men were patients in the Sanatorium, who by general improvement in health were placed as assistants in the Farm, in the same manner by which other cases were placed on graded exercise and work. At the present moment one ex-patient is in charge, but in addition to the sum of 5s. per week paid to all cases, this man is allowed 1s. per week omnibus fares to and from his home. This work not only provides occupation which is beneficial to the patient during the period of convalescence, but inspires him with a feeling of confidence and reliance in his own strength and resource, and it is possible that it may, in some instances, prove of assistance to the individual when he leaves the Sanatorium.

The Committee is fortunate that it has a ready market for all eggs produced at the Farm, these being taken over by the Grimsby Corporation Hospital. From the Balance Sheet submitted with this Report it will be seen that a sum of £146 6s. 5d. has been received in this connection, whilst dressed poultry has produced £11 7s. 6d. On the other hand the Committee feel that the amount granted to patients (approximately £48) is excessive in view of the number of birds at the Farm. This expenditure has been a drain on the fund since its inception, and arrangements have been made for these weekly grants to be paid to patients from the Special Fund, thus relieving the Poultry Farm of this liability.

Commenced in the nature of an experiment the Committee is satisfied with the results obtained. The scheme is so adaptable that it can be extended, if necessary, to provide varied employment for any number of workers. Mention must be made of the valuable assistance rendered by members of the Poultry Farm Committee, and in particular to the Chairman and Secretary of this branch of the Committee's activities. Disappointments have been met ; during the early part of 1937 a number of birds died, and after expert advice had been sought it was decided to change the feeding entirely. This had the desired effect and the Committee are fortunate in receiving periodical visits from practical men upon the general running of the Farm. The loss of these birds placed a greater burden on members in securing new stock (quite apart from the financial loss entailed) and at the same time care had to be taken to try and secure birds of the correct breed, strain and those in general healthy condition. Until the Committee are in a position to breed their own stock, the practice of buying birds outside will always involve a certain amount of risk.

COUNTY BOROUGH OF GRIMSBY.

“SPECIAL FUND” OF THE TUBERCULOSIS CARE COMMITTEE.  
STATEMENT OF ACCOUNTS ON 31ST DECEMBER, 1937.

INCOME.	£	s.	d.	INCOME.	£	s.	d.
To Balance in hand on 1st January, 1937 .....	111	2	6	By Milk and Eggs allowed as extra nourishment to			
Grant from Grimsby Public Assistance Committee .....	50	0	0	tuberculous patients .....	70	13	11
" Proceeds of Dance at Gaiety, 5th March .....	67	17	6	" Clothing, boots, bedsteads, bedding, etc. .....	14	6	11
" Proceeds of Moss Rose Day Collection .....	117	3	9	" Dental and Ophthalmic treatment to cases .....	8	3	6
" Proceeds of Dance organised by the Housing Committee .....	0	14	6	Rent assistance to patients .....	3	13	7
" Special Grant from the National Association for the Prevention of Tuberculosis .....	55	0	0	Conference Reports .....	0	7	6
" Dental Treatment refund from patient .....	0	7	6	Cheque books .....	0	10	0
" Proceeds of Concert by Nunsthorpe and District Men's Association, organised by the Housing Committee .....	2	10	7	<i>Occupational Therapy:</i> —			
" Discount allowed on clothing, etc. .....	0	7	10	Omnibus fares allowed to patients attending			
" Donations:—				Work Centre .....	15	17	6
Independent Order of Oddfellows .....	3	3	0	Maintenance of case in sanatorium colony .....	76	1	5
Mr. Woodhead, Grimsby .....	0	10	0	Orderly duty of patient in the Grimsby Corporation Hospital, Scartho .....	2	15	0
Dr. F. H. Rotherham, Grimsby .....	1	0	0	Grant to Poultry Farm Committee .....	50	0	0
Sons of Temperance, Hull Grand Division .....	7	0	0	Material for toy-making classes at Grimsby Corporation Hospital, Scartho .....	5	1	6
Ancient Order of Foresters, Grimsby District .....	3	3	0				
Grimsby Town Association Football Club .....	2	10	0	Expended 1st January—31st December, 1937	247	10	10
Great Central Steamship and Dock Staff Benevolent Fund .....	0	10	6	Balance in hand on 31st December, 1937	202	9	10
Grimsby and District Branch of the L.N.E.R. Hospital Fund .....	6	0	0				
Grimsby and District Locomotive Benevolent Fund .....	5	0	0				
United Ancient Order of Druids .....	5	5	0				
Mr. Colebrook, Grimsby .....	0	2	0				
Mr. Blessed, Grimsby .....	0	2	6				
Excelsior Club, Grimsby .....	10	10	6				
(Income for 1937—£338 18s. 2d.)							
	£450	0	8				

PUBLIC HEALTH DEPARTMENT, GRIMSBY, 5th JANUARY, 1938.

Certified correct:—  
(Sd.) F. R. STEPHENSON, *Borough Treasurer*.

## COUNTY BOROUGH OF GRIMSBY.

 POULTRY FARM ACCOUNT OF THE TUBERCULOSIS CARE COMMITTEE,  
 STATEMENT OF ACCOUNTS ON 31ST DECEMBER, 1937.  
 (For the period 1st June, 1936 — 31st December, 1937.)

INCOME.	£ s. d.	EXPENDITURE.	£ s. d.
To Proceeds of Sale of existing poultry at Grimsby Corporation Hospital, Scartho.	7 3 3	By Construction of Poultry Houses, repairs, renewals, etc.	92 2 0
" Grants from the Special Fund of the Tuberculosis Care Committee	200 0 0	" Grants to patients, including cheque book charges	48 19 0
" Sale of Eggs	146 6 5	" Poultry cages, materials, jars, etc.	56 9 6
" Sale of Poultry	11 7 6	" Purchase of Poultry, including carriage	65 2 0
		" Proverb, including grit, etc.	90 5 7
		" Petty cash account	2 0 0
		Expended 1st June, 1936—31st Dec., 1937	£ 354 18 1
		Balance in hand on 31st December, 1937 ..	9 19 1
			£ 364 17 2

 Public Health Department,  
 Grimsby, 5th January, 1938.

 Certified correct :—  
 (Sd.) F. R. STEPHENSON, Borough Treasurer.

TABLE T. 1.  
ANALYSIS OF THE DEATHS that occurred during 1937, according to the period after notification within which death took place, is shewn in the accompanying table :—

	Not notified prior to death	Case survived :—						5 years and over	Totals
		2 weeks	1 month	2 months	4 months	6 months	1 year		
<i>Pulmonary—</i>									
Adult Males	5	4	4	3	2	1	3	2	32
Adult Females	—	1	4	—	1	2	3	—	18
Male Children	—	—	—	—	—	—	—	—	—
Female Children	—	—	1	—	2	—	—	—	3
<i>Non-Pulmonary—</i>									
Adult Males	—	2	—	—	—	—	1	1	5
Adult Females	—	1	—	—	—	—	—	—	1
Male Children	—	2	—	—	—	—	—	—	2
Female Children	—	2	—	—	—	—	—	—	2
Totals ..	5	12	9	3	5	5	3	7	63

TABLE T. 2.  
TOTAL CASES NOTIFIED IN EACH WARD OF THE BOROUGH DURING 1937.

	Alexandria	Central	Clee	Coates	Hainton	Humberside	North-East	Scarborough	South	South-West	Victoria	Wellsby	Wellow	Wellington	Totals
<i>Pulmonary Tuberculosis.</i>															
Males	1	4	9	1	4	1	7	6	1	8	6	5	5	1	64
Females	..	5	2	4	—	1	6	3	2	12	3	3	4	4	52
<i>Non-Pulmonary Tuberculosis.</i>															
Males	1	1	1	1	—	3	1	—	3	—	2	2	3	2	21
Females	..	—	—	—	—	—	—	—	—	—	2	4	2	—	19
Totals	7	7	17	1	8	15	12	5	24	13	15	13	6	13	156

TABLE SHEWING THE NUMBER OF CASES, IN WARDS, REMAINING ON THE TUBERCULOSIS  
NOTIFICATION REGISTER ON THE 31ST DECEMBER, 1937.

	Alex.	Central	Clee	Coates	Hainton	Humberside	North-East	Scarborough	South	South-West	Victoria	Wellsby	Wellow	Wellington	Total
<i>Pulmonary Tuberculosis</i>															
..	15	24	38	9	18	29	23	5	54	26	15	23	14	35	328
<i>Non-Pulmonary Tuberculosis</i>															
..	21	13	25	8	19	19	9	4	33	18	22	13	9	20	233

TABLE T. 3. •

## PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

PART I.—SUMMARY of NOTIFICATIONS during the period from the 1st January, 1937, to the 31st December, 1937, in the area of the County Borough of Grimsby.

Formal Notifications.												Total Notifications.
AGE PERIODS	Number of Primary Notifications of new cases of tuberculosis											Total Notifications.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Pulmonary Males	—	—	1	3	9	10	12	14	6	8	1	64
" Females	—	—	—	7	7	13	13	6	3	2	1	52
Non-pulmonary Males	—	—	4	4	2	3	1	3	2	1	—	21
" Females	—	—	2	5	3	1	4	4	—	—	—	19

## SUPPLEMENTAL RETURN.

PART II.—NEW cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

AGE PERIODS	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	—	—	—	—	2	—	3	—	—	—	5
" Females	—	—	—	—	—	—	—	—	—	—	—	—
Non-pulmonary Males	—	—	—	—	—	—	—	—	—	—	—	—
" Females	—	—	—	—	—	—	—	—	—	—	—	—

TABLE T. 3—*continued.*

The source or sources from which information as to the cases (mentioned on the preceding page) was obtained is as follows:—

Source of Information.	No. of Cases		
	Pulmonary	Non-pulmonary	
Death Returns	4		
from local Registrars	..	..	
transferable deaths from Registrar-General	1		
Posthumous notifications	..	..	
“Transfers” from other areas (other than transferable deaths)	..	..	
Other Sources if any (specify) ..	..	..	
Other Sources ..	..	..	

PART III.—NOTIFICATION REGISTER.

Number of cases of Tuberculosis remaining at the 31st December, 1937, on the Registers of Notifications kept by the Medical Officer of Health of the County Borough ..	PULMONARY.			NON-PULMONARY.			Total Cases.
	Males	Females	Total	Males	Females	Total	
181	147	328	328	121	112	233	561

Number of cases removed from the Register during the year by reason of—	1. Withdrawal of notification						
	1. Withdrawal of notification	2. Recovery from the disease	3. Death (all causes)	4. Otherwise ..	Males	Females	Total
	7	7	14	7	8	2	10
	6	5	11	7	68	3	79
	41	27	21	5	5	3	8
	12	9					29

TABLE T. 4.

TABLE SHOWING THE ANNUAL DEATH RATE FROM TUBERCULAR DISEASES IN GRIMSBY AS COMPARED WITH ENGLAND AND WALES AS A WHOLE SINCE 1912.

Year.	Tuberculosis (Pulmonary).			Tuberculosis (all forms).		
	GRIMSBY. No. of deaths.	GRIMSBY. Rate per thousand of population.	England and Wales. Rate per thousand of population.	GRIMSBY. No. of deaths.	GRIMSBY. Rate per thousand of population.	England and Wales. Rate per thousand of population.
1912	55	.72	1.02	80	1.05	1.37
1913	59	.73	.99	92	1.18	1.35
1914	68	.86	1.02	96	1.22	1.36
1915	75	1.03	1.14	113	1.56	1.51
1916	87	1.19	1.15	130	1.78	1.52
1917	77	1.05	1.21	105	1.43	1.60
1918	88	1.20	1.30	115	1.57	1.67
1919	74	.93	1.00	92	1.16	1.28
1920	86	1.04	.87	122	1.48	1.13
1921	87	1.05	.88	121	1.46	1.13
1922	89	1.06	.89	117	1.39	1.12
1923	82	.96	.84	102	1.24	1.06
1924	83	.97	.84	99	1.16	1.06
1925	77	.91	.83	98	1.21	1.04
1926	92	1.04	.77	127	1.43	0.96
1927	86	.97	.74	105	1.19	0.95
1928	72	.79	.75	102	1.12	0.92
1929	96	1.05	.79	115	1.25	0.95
1930	85	.93	.73	109	1.19	0.89
1931	85	.92	.74	108	1.16	0.89
1932	81	.87	.68	106	1.14	0.84
1933	71	.76	.69	89	.95	0.83
1934	58	.62	.63	72	.77	0.76
1935	61	.65	.60	74	.78	0.71
1936	49	.52	.58	64	.68	0.68
* 1937	53	.57	.58	63	.67	0.69

\* R.G. Population 92,760

HOUSING CONDITIONS OF PULMONARY CASES NOTIFIED DURING 1937.

TABLE T. 5.

WARD.	Pulmonary Cases considered Infectious			Pulmonary Cases not considered Infectious			Cases which could not be classified			Premises old, badly lighted or insufficiently ventilated			Premises old, badly lighted or insufficiently ventilated			Premises old, badly lighted or insufficiently ventilated					
	Total number of cases notified during 1937	No. of cases with room to self	No. with neither bed nor room to self	No. where there has been previous case in house or family	No. with neither bed but not room to self	No. with room to self	No. with cases with room to self	No. with neither bed but not room to self	No. where there has been previous case in house or family	No. discharged	Non-Infectious	Non-Tuberculous	Premises denitely over-crowded	Premises slightly over-crowded	Premises denitely over-crowded	Premises slightly over-crowded	Premises old, badly lighted or insufficiently ventilated				
Alexandra	6	3	—	2	1	1	—	—	—	—	—	—	—	—	—	—	5	5·3	24		
Central ..	6	1	2	1	2	2	—	—	1	—	—	—	—	1	—	—	6	17·0	73		
Clee ..	13	5	1	3	3	1	—	3	—	—	—	—	—	—	—	—	1	10	8·2	29	
Coates ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2·4	11	
Hainton ..	5	1	—	1	—	1	1	—	—	1	—	—	—	—	—	—	—	3	12·0	50	
Humber ..	13	4	—	1	—	2	3	2	3	1	—	1	—	—	—	—	—	11	15·0	76	
North-East	9	1	—	2	—	1	2	3	—	—	2	—	—	—	—	—	1	7	4·7	23	
Scarborough ..	3	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	3	·8	2	
South ..	20	3	—	8	6	3	2	2	1	1	—	—	—	—	—	—	—	17	2·6	5	
South-West	9	2	—	4	—	1	—	1	—	—	1	—	—	1	—	—	1	—	8	22·4	76
Victoria ..	8	—	1	4	—	1	2	—	1	—	—	1	—	—	1	—	—	7	10·4	48	
Weelsby ..	9	4	1	1	1	2	—	—	—	—	1	—	—	—	—	—	—	—	6	3·1	11
Wellow ..	5	2	—	—	—	2	—	1	—	—	—	1	—	—	—	—	—	3	5·8	22	
Wellington	9	2	—	4	2	2	1	—	—	—	—	2	—	—	—	—	—	8	21·5	101	
Totals ..	116	30	5	32	15	19	11	12	7	4	3	7	1	2	2	95	—	—	—		

HOUSING CONDITIONS OF NON-PULMONARY CASES NOTIFIED DURING 1937.

TABLE T. 6.

WARD.	NON-PULMONARY CASES.					Cases which could not be Classified.	No. Discharged	Premises Definitely Over-crowded.	Premises Slightly Over-crowded.	Premises old, badly lighted or insufficiently ventilated.	No. who received institutional Treatment.
	No. Cases Notified during 1937.	No. cases with room to self.	No. with bed, but not room to self.	No. with neither bed nor room to self.	No. where there has been previous case in house or family.						
Alexandra	1	—	—	1	—	—	—	—	—	1	1
Central	1	—	1	—	1	—	—	—	—	—	1
Clee	4	2	1	1	—	—	—	—	—	—	3
Coates	—	—	—	—	—	—	—	—	—	—	—
Hainton	3	1	1	1	1	—	—	—	—	—	—
Humber	2	—	1	1	—	—	—	—	—	—	—
North-East	3	1	1	1	1	—	—	—	—	1	2
Scarboro	• 2	2	—	—	—	—	—	—	—	—	1
South	4	—	—	—	4	1	—	—	—	—	1
South-West	4	1	1	2	1	—	—	—	—	—	3
Victoria	7	2	3	2	3	—	1	—	1	1	4
Weeksby	4	—	2	1	—	1	—	—	—	—	—
Wellow	1	—	1	—	—	—	—	—	—	—	1
Wellington	4	2	—	2	—	—	1	—	—	—	2
Totals	40	11	12	16	8	1	3	—	1	4	19

TABLE T. 7.

The following tables have been inserted at the suggestion of the Central Tuberculosis Officer of the Lancashire County Council.

They give an analysis of definite cases on the Tuberculosis Dispensary Register as on the 31st December, 1937, shewing present condition and age.

### I. PULMONARY TUBERCULOSIS.

Age Groups.	Sex.	T.B. Minus. Active Quies.		T.B. Plus 1. Active Quies.		T.B. Plus 2. Active Quies.		T.B. Plus 3. Active Quies.		Totals. Active Quies	
		M.	F.	—	—	—	—	—	—	—	—
0—5		—	2	—	—	—	—	—	—	—	2
5—15	M.	3	9	—	—	—	—	—	—	3	9
	F.	3	4	2	1	—	—	—	—	5	6
15—25	M.	6	16	6	4	6	7	—	—	18	27
	F.	5	18	5	6	7	6	1	—	18	30
25—35	M.	5	6	6	8	9	5	—	—	20	19
	F.	4	11	4	5	11	8	1	—	20	24
35—45	M.	5	5	4	2	12	6	1	—	22	13
	F.	2	7	2	5	2	3	—	—	6	15
45—55	M.	5	4	1	2	3	6	1	—	10	12
	F.	—	5	—	1	5	3	—	—	5	9
55—65	M.	3	1	1	2	5	—	2	—	11	3
	F.	—	1	—	1	1	2	—	—	1	4
65 and upwards.	M.	—	1	—	—	1	—	—	—	1	1
	F.	—	1	—	—	—	1	—	—	—	2
All ages	M.	27	44	18	18	36	24	4	—	85	86
	F.	14	47	13	19	26	24	2	—	55	90
Grand Total		132		68		110		6		316	

No. of Pulmonary cases remaining December, 1931	..	187
”	”	198
”	”	200
”	”	248
”	”	279
”	”	288

TABLE T: 8.

## II. Non-PULMONARY TUBERCULOSIS.

Bones and Joints (Excluding Spine).		Spine.		Abdomen.		Other Organs.		Glands.		Skin.		Total.	
Age Groups.		Sex.	Active Quies.										
0—5		M.	—	2	—	—	—	—	1	9	—	—	11
		F.	—	—	—	—	—	—	1	5	—	—	5
5—15		M.	5	6	3	1	2	5	—	5	43	—	15
		F.	3	4	—	1	2	3	—	3	37	—	9
15—25		M.	2	3	1	2	1	3	2	—	4	—	6
		F.	3	1	—	—	2	5	3	—	2	13	13
25—35		M.	1	1	—	—	1	1	2	1	1	—	4
		F.	2	1	—	—	1	2	1	—	5	—	4
35—45		M.	1	—	—	2	—	—	1	—	—	2	5
		F.	—	—	1	—	—	—	—	—	—	1	—
45—55		M.	—	—	—	—	—	—	—	—	—	—	1
		F.	—	—	—	—	—	—	—	—	—	—	—
55—65		M.	—	—	—	—	—	—	—	1	—	—	—
		F.	—	—	—	—	—	—	—	—	—	—	—
65 and upwards		M.	1	—	—	—	—	—	—	—	—	—	—
		F.	—	—	—	—	—	—	—	—	—	—	—
All ages		M.	10	12	4	5	3	9	5	3	7	61	29
		F.	8	6	1	2	5	10	6	2	6	61	92
Grand Total			36	12	27	16	135	5			231		
No. of Non-Pulmonary cases remaining December, 1931													
"	"	"	"	"	"	"	"	"	"	"	1932	"	134.
"	"	"	"	"	"	"	"	"	"	"	1933	"	126.
"	"	"	"	"	"	"	"	"	"	"	1934	"	119.
"	"	"	"	"	"	"	"	"	"	"	1935	"	195.
"	"	"	"	"	"	"	"	"	"	"	1936	"	233.
"	"	"	"	"	"	"	"	"	"	"	1937	"	234.

TABLE T. 9.

TABLE SHOWING NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE 31ST DECEMBER, IN INSTITUTIONS BELONGING TO THE COUNCIL.

NAME OF INSTITUTION.	FOR PULMONARY CASES.		FOR NON-PULMONARY CASES.		TOTAL.
	Adults.	Children under 15.	Adults.	Children under 15.	
Grimsby Corporation Hospital, Scartho .....	62	13	10	13	98

(Since July, 1936, four additional single-bed huts have been provided out of revenue.  
These are used for adult male patients).

TABLE T. 10.

TABLE SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

	In Institutions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st. (5)
Number of doubtfully tuberculous cases admitted for observation	Adult males 5	15	9	5	6
	Adult females —	5	5	—	—
	Children 8	23	20	1	10
	Total 13	43	34	6	16
Number of patients suffering from pulmonary tuberculosis	Adult males 26	55	33	13	35
	Adult females 18	42	32	10	18
	Children 3	8	5	3	3
	Total 47	105	70	26	56
Number of patients suffering from non-pulmonary tuberculosis	Adult males 8	8	12	1	3
	Adult females 1	9	4	2	4
	Children 13	20	21	3	9
	Total 22	37	37	6	16
GRAND TOTAL .. ..		82	185	141	88

TABLE T. 11.

TABLE SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.			
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.						
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Tuberculous ..	—	—	—	5	1	2	—	—	—	—	—	—	1	5	1	3
Non-tuberculous ..	1	—	1	5	—	7	—	—	—	—	—	—	5	6	—	13
Doubtful .. ..	2	1	—	1	3	4	—	—	1	—	—	—	3	4	5	
TOTALS .. ..	3	1	1	11	4	13	—	—	1	—	—	—	6	14	5	21

TABLE T. 12.

TABLE SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Classification on admission to the Institution.		Duration of Residential Treatment in the Institution.										Grand Totals.					
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.						
Condition at time of discharge.		M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.				
PULMONARY TUBERCULOSIS.		Class T.B. plus, Group 1.		Class T.B. plus, Group 2.		Class T.B. plus, Group 3.						Grand Totals.					
Quiescent ..	..	—	1	2	3	4	1	3	1	—	1	7	6	4	17	3	
Not quiescent ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Died in Institution	..	2	1	—	—	—	—	—	—	—	—	2	1	—	3		
Quiescent ..	..	1	—	—	3	4	—	3	1	—	1	—	8	5	—	13	
Not quiescent ..	..	—	1	—	—	1	—	—	—	—	—	—	—	2	—	2	
Died in Institution	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Quiescent ..	..	3	2	—	3	5	—	2	3	1	3	1	11	11	1	23	
Not quiescent ..	..	2	1	—	1	3	—	1	3	—	—	1	4	8	—	12	
Died in Institution	..	2	1	—	2	1	—	—	2	—	3	—	7	4	—	11	
Quiescent ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not quiescent ..	..	—	—	—	1	—	—	1	—	—	—	—	2	—	2		
Died in Institution	..	4	3	1	—	1	2	—	1	—	—	—	4	5	3	12	
Totals (pulmonary) ..		14	10	3	13	19	3	10	11	1	8	2	1	45	42	8	95
NON-PULMONARY TUBERCULOSIS.		Bones and Joints.		Abdominal		Other Organs		Peripheral Glands.									
Quiescent ..	..	1	—	1	—	1	2	—	—	3	2	—	4	3	1	10	14
Not quiescent ..	..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Died in Institution	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Quiescent ..	..	1	—	1	1	—	1	—	—	1	—	—	—	2	1	2	5
Not quiescent ..	..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Died in Institution	..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Quiescent ..	..	4	—	—	—	—	1	—	—	—	—	—	—	4	—	1	5
Not quiescent ..	..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
Died in Institution	..	—	2	3	—	—	—	—	—	—	—	—	—	2	3	—	5
Quiescent ..	..	—	1	4	—	—	1	1	—	2	—	—	—	1	1	7	9
Not quiescent ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Died in Institution	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals (non-pulmonary) ..		7	3	9	2	1	6	1	1	5	2	—	4	12	5	24	41

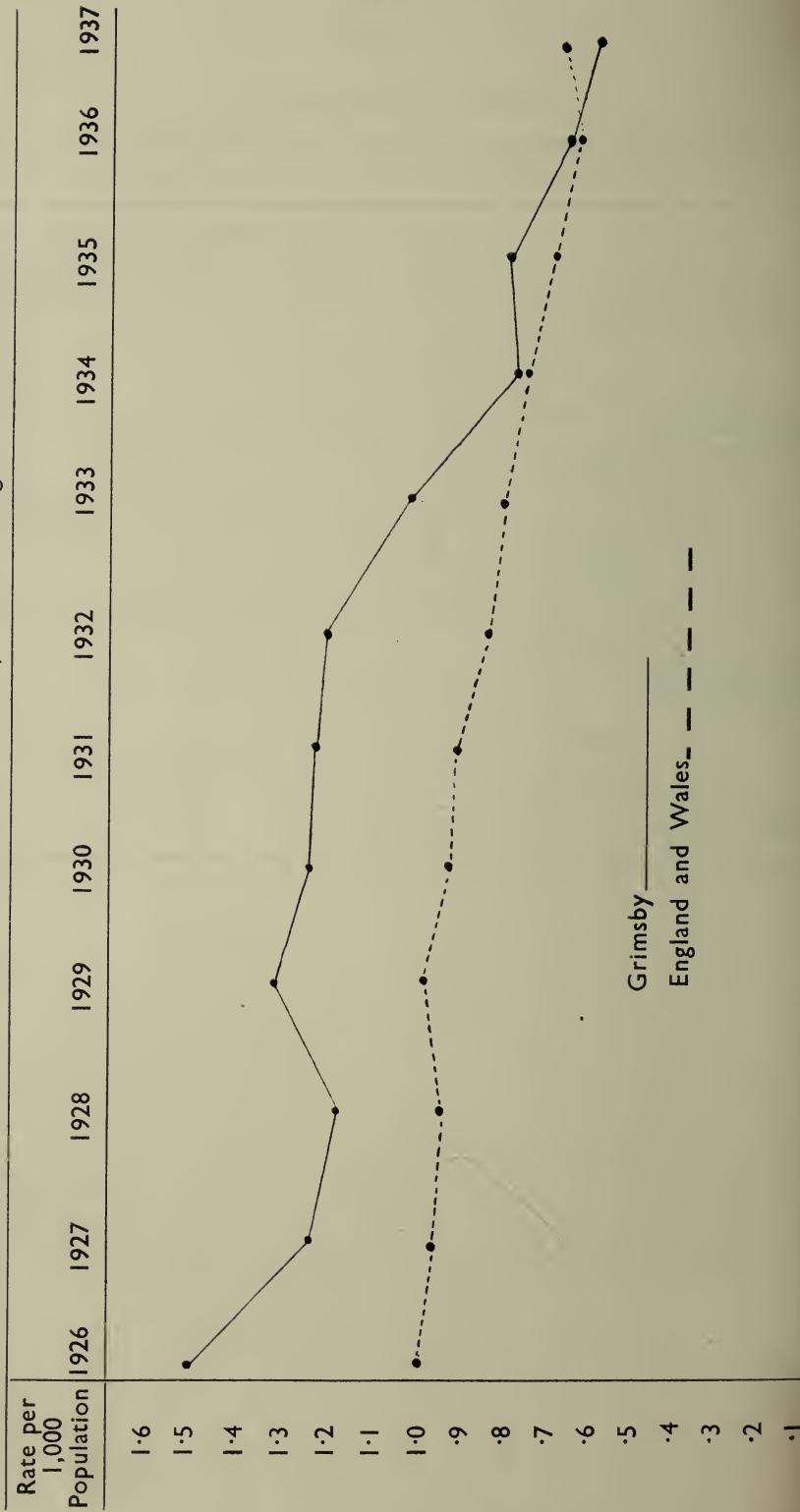
TABLE T. 13.

## SCARTHO ROAD INFIRMARY.

TABLE SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING THE YEAR IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL.

		In Institutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis	Adult males	—	3	3	—	—
	Adult females	—	2	—	2	—
	Children	—	—	—	—	—
	Total	—	5	3	2	—
Number of patients suffering from non-pulmonary tuberculosis	Adult males	—	2	2	—	—
	Adult females	—	2	2	—	—
	Children	—	1	—	—	1
	Total	—	5	4	—	1
GRAND TOTAL ... .. ..		—	10	7	2	1

Graph showing the Annual Death Rate from all forms of Tuberculosis in the County Borough of Grimsby during the years 1926—1937 inclusive, as compared with England and Wales.



E. T. 14.

## ONARY TUBERCULOSIS.

viewing in summary form (a) the condition at the end of 1937, of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

LE T. 15.

## **-PULMONARY TUBERCULOSIS.**

showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

The treatment of these diseases was continued at the clinic at 38 Queen Street. As subsequent figures in this report show, there has been a marked increase in the number of new cases and attendances during the year under review.

The clinic premises are inadequate for this increasing response to the Borough's whole-hearted campaign against the suffering which these diseases bring, and it is hoped that more adequate premises will be found in the very near future. In the early months of the year such slight structural alterations as the present building would allow were carried out, and the heating and lighting systems were improved.

The following is a summary of the outstanding figures for the year :—

			Average for 3 previous years.	1937.
Early Syphilis	..	..	25	40
Late Syphilis	..	..	48	72
Congenital Syphilis	..	..	11	17
Gonorrhœa	..	..	140	233
Non-specific Venereal Disease	..	..	236	164
Attendances	..	..	12949	14917
Defaulters	..	..	95	117

Venereal diseases are met by all members of the medical profession and the increased use of the facilities offered is in no small measure due to the co-operation of all branches of the profession. A large number of patients were referred by their own doctors, while, amongst the fishing fraternity, a great proportion of the new cases were referred by the doctor in charge of the Fisherman's Clinic on the Fish Dock.

The disappointing feature of this report, as in all previous ones, is the high defaulter rate. The question of compulsory treatment of persons known to suffer from venereal disease is a very controversial one, but the risk to the community of further spread of these diseases through the failure of so many, who have been told that they are sufferers, to complete treatment, constitutes one of the greatest social problems of our time.

The venereal diseases medical officer has carried out a very extensive campaign of propaganda during the year, especially amongst young people who are likely to be exposed when they set out in the world, and amongst those who devote all or a great deal of their time to social work and study.

Nearly 600 personal letters were sent to patients who discontinued their treatment, in an endeavour to persuade them of the necessity of insuring against serious results through their default, while excellent work was done by Health Visitors in approaching female patients, especially mothers and children.

During the year many cases of late syphilis were found in the wards of other hospitals in the area and the venereal diseases officer has reviewed most of these in consultation with the staff of these hospitals. On leaving hospital most of these patients

require prolonged treatment, and in many cases this is undertaken by their private doctors to whom the Authority issue the appropriate drugs, in accordance with the Venereal Diseases Regulations. Others are advised to attend the clinic, but very few do report, mainly on account of the clinic's situation.

One doctor from the public health staff of Lincoln City attended the clinic for instruction in the diagnosis and treatment of venereal diseases under the Venereal Diseases Regulations.

In the laboratory the number of specimens increased in proportion to the increase in the clinic figures. Another source of increase was through the Holland with Boston area joining other areas of Lincoln and Lindsey in sending specimens for examination. Similar facilities were offered as in previous years, while the Kahn Test for the diagnosis of syphilis was introduced to the service and extensive work on the trichomonas vaginalis was carried out.

It is a formality, though none the less sincere, to praise the work of the nursing and laboratory staff. Quite apart from their undoubted technical attributes, they have very whole-heartedly given of their best in tackling the increasing work. In a branch of medicine, so intimate and painful to the victims, the personal efforts of the staff are of inestimable value in encouraging the patients to continue.

*See Table IX. on page 220.*

#### VENERAL DISEASES LABORATORY.

The following tests were carried out :—

Wassermann tests on blood	..	..	..	..	..	3937
Special Wassermann tests on blood	..	..	..	..	..	180
Wasserman tests on cerebro-spinal fluid	..	..	..	..	..	107
Kahn tests on blood	..	..	..	..	..	130
Gonococcal complement fixation tests	..	..	..	..	..	886
Smears for gonococci	..	..	..	..	..	1566
Cultures for gonococci	..	..	..	..	..	446
Microscopical examination for spirochætes	..	..	..	..	..	56
Microscopical examination for trichomonas vaginalis	..	..	..	..	..	108
 Total	..	..	..	..	..	7416

The number of specimens dealt with in 1936 was 4,654.

#### WASSERMAN TESTS UPON BLOOD.

	Grimsby.	Lindsey.	Lincoln.	Holland.	Other areas.	Totals.
Clinics	764	449	233	94	58	
Hospitals, etc.	1039	166	472	69	16	
Practitioners	222	187	122	44	2	
Totals	2025	802	827	207	76	3937

#### WASSERMAN TESTS UPON SPINAL FLUID.

	Grimsby.	Lindsey.	Lincoln.	Holland.	Other areas.	Totals.
Clinics	31	7	1	—	1	
Hospitals, etc.	38	8	6	1	—	
Practitioners	7	3	1	3	—	
Totals	76	18	8	4	1	107

## SPECIAL WASSERMAN TESTS UPON BLOOD.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Holland.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	98	41	3	2	—	3
Hospitals, etc.	12	2	9	1	—	—
Practitioners ..	6	—	2	1	—	—
Totals ..	116	43	14	4	3	180

## KAHN TESTS UPON BLOOD.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Holland.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	19	14	14	16	8	—
Hospitals, etc.	20	1	6	4	—	—
Practitioners ..	14	9	4	1	—	—
Totals ..	53	24	24	21	8	130

## GONOCOCCAL COMPLEMENT FIXATION TESTS.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Holland.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	330	199	179	14	39	—
Hospitals, etc.	23	2	68	—	1	—
Practitioners ..	21	4	5	1	—	—
Totals ..	374	205	252	15	40	886

## MICROSCOPICAL EXAMINATIONS FOR GONOCOCCI.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Holland.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	588	757	94	—	24	—
Hospitals, etc.	7	2	1	—	—	—
Practitioners ..	74	18	1	—	—	—
Totals ..	669	777	96	—	24	1566

## CULTURAL EXAMINATIONS FOR GONOCOCCI.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	302	102	7	—
Hospitals, etc.	13	—	—	—
Practitioners ..	20	2	—	—
Totals ..	335	104	7	446

## MICROSCOPICAL EXAMINATION FOR SPIROCHÆTES.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Lincoln.</i>	<i>Holland.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	32	12	6	1	—	—
Hospitals, etc.	2	1	—	—	—	—
Practitioners ..	2	—	—	—	—	—
Totals ..	36	13	6	1	—	56

## MICROSCOPICAL EXAMINATION FOR TRICHOMONAS VAGINALIS.

	<i>Grimsby.</i>	<i>Lindsey.</i>	<i>Other areas.</i>	<i>Totals.</i>
Clinics ..	91	15	1	—
Hospitals, etc.	—	—	—	—
Practitioners ..	1	—	—	—
Totals ..	92	15	1	108

TOTAL FOR YEAR (all tests) :—7416.



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**SECTION G.**

**POR T SANITARY SERVICE.**

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## SECTION G.—PORT SANITARY SERVICE.

The general description of the Port is still similar to that contained in the Annual Report for 1933, but the work foreshadowed in the last report has been put in hand by the London and North Eastern Railway Company. A section of the Market has been completely reconditioned, and the work is now nearing completion: additional water hydrants have been installed.

A good deal of road repair work has been undertaken.

In addition, the Railway Company have promised to provide a sanitary convenience for those female passengers embarking on the east side of the Water Tower.

## 1.—AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

TABLE A.

Description of Vessels.	Number.	Tonnage.	Number Inspected.		Number reported to be defective.	Number of Vessels on which Defects were remedied.	Number of vessels reported as having, or having had, during the voyage, infectious disease on board
			By the Medical Officer of Health.	By the Sanitary Inspector.			
<b>Foreign—</b>							
Steamers ..	*574	381,681	1	533	128	28	1
Motor ..	18	8,218	—	11	—	—	—
Sailing ..	—	—	—	—	—	—	—
Fishing ..	2436	164,610	—	350	54	32	—
<b>Total Foreign ..</b>	<b>3028</b>	<b>554,509</b>	<b>1</b>	<b>894</b>	<b>182</b>	<b>60</b>	<b>1</b>
<b>Coastwise—</b>							
Steamers ..	*101	38,082	—	108	31	8	—
Motor ..	144	14,749	—	21	—	—	—
Sailing ..	1	72	—	—	—	—	—
Fishing ..	—	—	—	866	140	80	28
<b>Total Coastwise ..</b>	<b>246</b>	<b>52,903</b>	<b>—</b>	<b>995</b>	<b>171</b>	<b>88</b>	<b>28</b>
<b>Total Foreign and Coastwise ..</b>	<b>*3274</b>	<b>607,412</b>	<b>1</b>	<b>1889</b>	<b>353</b>	<b>148</b>	<b>29</b>

\* As per Customs returns. Excludes Vessels under 100 Tons Register.

Number of Vessels under 100 tons entering the Port during the year.

British :—1,260. Tonnage :—63,128.

Foreign :—10. Tonnage :—567.

Number of Coastwise Fishing Vessels and Tonnage, 3 months ending 31/12/37.

Number :—2,907. Tonnage :—249,734.

## ROUTINE INSPECTION OF VESSELS ARRIVING AT THE PORT.

FOREIGN :—	British Steam Ships ..	..	..	..	..	162
	„ Sailing „	..	..	..	..	Nil
	„ Motor Vessels	..	..	..	..	4
	Foreign Steam Ships ..	..	..	..	..	371
	„ Motor Vessels	..	..	..	..	7
	„ „ Fishing Vessels	..	..	..	..	19
	British Steam Fishing Vessels ..	..	..	..	..	314
	Foreign „ „ „	..	..	..	..	17
	Total	..	..	..	..	894
COASTWISE :—	British Steam Ships ..	..	..	..	..	83
	„ Motor Vessels	..	..	..	..	12
	„ Sailing Ships ..	..	..	..	..	Nil
	„ Motor Fishing Vessels	..	..	..	..	4
	Foreign Steam Ships ..	..	..	..	..	25
	„ Motor Vessels	..	..	..	..	9
	„ „ Fishing Vessels	..	..	..	..	21
	British Steam Fishing Vessels ..	..	..	..	..	837
	Foreign „ „ „	..	..	..	..	4
	Total	..	..	..	..	995
	Foreign ..	..	..	..	..	894
	Coastwise ..	..	..	..	..	995
	Total ..	..	..	..	..	1889
	Extra inspections ..	..	..	..	..	272

The Nationalities of the Vessels were as follows :—

British ..	..	..	..	..	..	1415
Danish ..	..	..	..	..	..	164
Swedish ..	..	..	..	..	..	67
French ..	..	..	..	..	..	51
Norwegian ..	..	..	..	..	..	61
Icelandic ..	..	..	..	..	..	24
Dutch ..	..	..	..	..	..	21
German ..	..	..	..	..	..	25
Finnish ..	..	..	..	..	..	37
Russian ..	..	..	..	..	..	7
Latvian ..	..	..	..	..	..	6
Danzig ..	..	..	..	..	..	1
Belgian ..	..	..	..	..	..	1
Estonian ..	..	..	..	..	..	3
Hungarian ..	..	..	..	..	..	1
Spanish ..	..	..	..	..	..	1
Greek ..	..	..	..	..	..	4
	Total ..	..	..	..	..	1889

## II.—CHARACTER OF TRADE OF PORT.

TABLE B.

(a) Passenger Traffic during the year.

Number of Passengers.	ALIENS			Transmigrants
	1st Class	2nd Class	3rd Class	
Inwards ..	904	Nil	280	54
Outwards ..	No	Class shown 979		63

It will thus be seen that the passenger traffic of the port continues to show a further marked diminution.

MEDICAL INSPECTION OF ALIENS.

Annual return by the medical inspector of aliens for the year ended 31st December, 1937

	Total	Number inspected by the medical inspector	Number subjected to detailed examination by the medical inspector by the medical inspector	Certificates Issued				Transmigrants.
				(a)	(b)	(c)	(d)	
1.				Lunatic idiot or M.D.	Undesirable for medical reasons	Physically incapaci- tated	Suffering from acute infectious disease	Landing necessary for adequate medical examination
(a)	1184	797	88	..	..	..	..	..
(b)	Aliens (excluding Alien Seamen) landing at the Port							
(c)	Aliens refused permission to land by Immigration Officer	3	..					
(c)	Transmigrants	54	..	7	..	..	..	..
2.	Total Aliens arriving at the Port	1241	797	95	..	..	..	..
3.	(a) Total number of vessels carrying Alien passengers	243						
(b) Number of such vessels dealt with by the Medical Inspector	84							

TABLE A.  
Analysis of Aliens landing (see 1 (a)).

Residents Returning :—

In Transit :—

Visitors :—

Business :—

Diplomatic :—

Seamen :—

Contract Seamen :—

Ministry of Labour Permit (M.L.) :—

(a) Males :—

(b) Females :—

(c) Children :—

Aliens coming to settle not holding M.L. Permits :—

(a) Males :—

(b) Females :—

(c) Children :—

Total :—

TABLE B.

	Classification of Aliens referred to the Medical Inspector by the Immigration Officer for detailed examination	Examined	No. of Certificates issued
	holding Ministry of Labour permits	..	..
	intending to take up employment and remain in the country over 3 months	..	..
	(i) intending to make their home in this country	..	..
	(ii) students coming for educational purposes	..	..
	(v) in regard to whom there is any mention of health as a reason for their visit	..	..
	(vi) who appear to the I.O. (a) not to be in robust health; (b) to be mentally or physically abnormal or sub-normal; (c) to be dirty in their person or (d) are selected for special reasons	..	..
	(vii) seamen travelling as passengers	..	..
	Total	..	..
			95

## (b) Cargo Traffic.

*Principal Imports :—*

Timber, wood-pulp, fish, foodstuffs and general.

The figures in tons for 1937, compared with the previous year, are as follows :—

		1937.	1936.	Increase or Decrease.
Timber	..	291,590	205,354	+ 86,236
Wood pulp	..	145,367	118,720	+ 26,647
Bacon	..	44,292	46,128	— 1,836
Butter	..	47,040	43,386	+ 3,654
Eggs	..	8,256	6,281	+ 1,975
Fruit and Vegetables		1,460	2,482	— 1,022
Sundries	..	56,577	69,019	— 12,432

Grimsby, by reason of its excellent series of seasoning yards and sheds, has attained a reputation for supplying the finest joinery redwood obtainable, and as local merchants are well stocked they are in a position to deal with all classes of business.

The wood pulp is largely used locally in the manufacture of paper. The main increase, however, has been in the pit prop trade, some of this traffic having been diverted from Boston, the increase gave much needed employment to casual dock labour during the summer months.

*Principal Exports :—*

Coal and Coke, fish, fish-meal and general.

		1937.	1936.	Increase or Decrease.
Steel	..	17,162	19,206	— 2,044
Yarn	..	1,195	4,711	— 3,516
Pig Iron	..	3,916	3,207	+ 709
Paper	..	1,115	650	+ 465
Coal and Coke	..	1,120,491	1,093,419	127,272
Sundries	..	22,752	21,217	+ 1,535

During the year the total quantity of edible fish (including foreign) landed was 3,930,835 cwts., and the value of same was £3,994,323, much the same as last year.

(c) *Foreign Ports from which vessels arrive.*

Russia.—Archangel, Igarka, Kovda, Leningrad, Marmansk, Onega.

Norway.—Drammen, Fredrikstad, Larvik, Oslo, Trondhjem.

Sweden.—Gothenburg, Gefle, Hernostrand, Soderhamn, Stockholm, Sundsvall.

Finland.—Helsingfors, Hango, Kotka, Raumo, Transsund, Viborg.

Germany.—Hamburg, Konigsberg, Bremen, Stettin.

Holland.—Rotterdam, Amsterdam, Groningen.

Belgium.—Antwerp, Ghent.

France.—Dieppe, Le Havre, Brest, Calais, Bordeaux, Bayonne, Rouen, Dunkirk, Marseilles.

Denmark.—Esbjerg.

Portugal.—Faro, Lisbon, Oporto.

Spain.—Seville, Valencia, Cartagena, Huelva, Castellon.

Danzig.—Danzig.

Estonia.—Tallin.

Latvia.—Riga.

#### CANAL BOATS ACT.

457 entered the Port during the year, of which 89 were inspected. No infectious disease occurred on any of the Canal Boats during the year.

*Infringements of the Act dealt with were :—*

Masters without Certificates	..	..	..	..	..	15
Boats not properly marked	..	..	..	..	..	25
Cabins not in a cleanly condition	..	..	..	..	..	3
" sufficiently ventilated	..	..	..	..	..	5
" require painting	..	..	..	..	..	11
" out of repair	..	..	..	..	..	11
" delapidated	..	..	..	..	..	3
Without proper water vessels	..	..	..	..	..	7
						—
						80
						—

31 Notices were served on owners. No legal proceedings were taken in respect of infringements. The number of infringements found continues to be high.

#### III.—WATER SUPPLY.

The town water supply is available for the port and for shipping.

All precautions are taken against contamination.

There are two water boats in use, one in each dock; they are in good sanitary condition.

The water supply for the fish market is being adequately chlorinated by the Railway Company, and about 300,000 gallons per day are used. Unfortunately the Railway Company have not yet provided facilities for making this chlorinated supply available for washing out the fish rooms of trawlers.

On the new extension of the Fish Market a considerable number of fresh water hydrants have been installed at approximately 25 feet apart, this should enable a generous supply of fresh water for the washing out of fish rooms, etc. on trawlers.

#### IV.—PORT SANITARY REGULATIONS, 1933.

The information under these Regulations is as described in the Annual Report for 1934, except in regard to paragraph 10 relating to venereal disease. This is shewn at the end of Table D.

TABLE C.

Cases of Infectious Sickness landed from Vessels.

DISEASE.	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
Influenza .. ..	—	29	11	50

TABLE D.

Cases of Infectious Sickness occurring on Vessels during the voyage but disposed of prior to arrival.

Disease	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
Pneumonia .. ..	—	—	—	1

No cases of Plague, Cholera, Yellow Fever, Small-pox or Typhus occurred, or any Plague infected rats were discovered during the year.

#### *Venereal Disease.*

During the year 112 foreign seamen attended the Grimsby Clinic, of which 56 were suffering from syphilis, 53 from gonorrhœa, and 3 from soft chancre.

In addition to the above there were several others attended for advice and were found not to be suffering from venereal disease.

This large increase in the attendance of foreign seamen is partly due to increased propaganda on the vessels, and partly due to the active co-operation of the medical officer in charge of the Dock Clinic established by the trawler-owners.

## V.—MEASURES AGAINST RODENTS.

Numbers 1 to 5 as described in Annual Report for 1934.

## RATS DESTROYED DURING THE YEAR.

TABLE E. (1) On Vessels.

Number of	Jan.	Feb.	Mch.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total in y'r.
Black Rats ..	20	8	20	17	40	40	36	20	11	10	6	4	232
Brown Rats ..	8	3	14	14	15	7	5	12	8	10	4	6	106
Rats examined ..	..	..	2	..	..	2	..	2	..	..	..	2	..
Rats infected with plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..
													Total 338

TABLE F. (2) In Docks, Quays, Wharves and Warehouses.

Number of	Jan.	Feb.	Mch.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total in y'r.
Black Rats ..	26	51	155	106	110	104	188	42	90	102	150	100	1224
Brown Rats ..	161	150	200	276	400	350	200	260	200	260	300	342	3099
Rats examined ..	..	..	2	..	..	2	..	2	..	..	..	2	..
Rats infected with plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..
													Total 4323

## RATS EXAMINED FOR PLAGUE OR OTHER DISEASES :—

6 black rats and 10 brown rats were sent for examination.

## THE REPORT FROM THE ANALYST IS AS FOLLOWS :—

These rats have been examined and found to be free from B. Pestis, or other diseases.

## INTERNATIONAL SANITARY CONVENTION.

During the year 62 Deratation Exemption Certificates were issued.

592 traps were set by the Rat Searcher on 74 vessels and 158 rats were caught, the balance of 180 being from trawlers, making a total of 338.

It has not been found necessary to fumigate any vessel under the above "Convention" for the following reasons :—

Vessels trading to and from this port are mostly engaged between the Baltic and Continental ports. The nature of the trade is such that the cargoes of the vessels are seldom in for more than a week, and in a number of cases for only 36 hours ; this leaves little chance for rats to nest or harbour.

Special attention is paid to the work of detecting rats in warehouses, wharves, quays, etc., and when necessary trapping and laying of poison baits are resorted to.

TABLE G.

Measures of Rat Destruction on Plague "infected" or "suspected" Vessels from plague infected ports arriving in the Port during the year.—Nil.

TABLE H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the year.

Net Tonnage	No. of Ships	No. of Deratisation Certificates issued.					Number of Derat- isation Exempt. Certificates issued	Total Cer- tificates issued		
		After fumigation with			After trapping poisoning, etc.	Total				
		H.C.N. 3	Sulphur 4	H.C.N. & Sulphur 5						
Ships up to 300 tons .. ..	14	—	—	—	—	—	14	14		
“ from 301 tons to 1000 tons	37	—	—	—	—	—	37	37		
“ 1001 “ 3000 “	10	—	—	—	—	—	10	10		
“ 3001 “ 10000 “	1	—	—	—	—	—	1	1		
“ over 10,000 tons .. ..	—	—	—	—	—	—	—	—		
Totals .. ..	62	—	—	—	—	—	62	62		

## VI.—HYGIENE OF CREW'S SPACES.

TABLE J.  
Classification of Nuisances.

Nationality of Vessel.	Number inspected during the year	Defects of Original Construction.	Structural defects through wear and tear.	Dirt, Vermin, and other conditions prejudicial to health
British .. ..	1415	1	227	185
Other Nations	474	6	126	38

On nearly all Fishing Vessels the forecastles are used for the storing of surplus deck gear.

## DEFECTS.

Leaky overhead decks ..	77	Defective water tanks ..	6
Plugs missing from tanks	26	“ water tank pipes ..	3
Broken portlight glasses	90	“ chain pipes ..	30
Leaks aft .. ..	7	“ air pipes ..	2
Defective stoves .. ..	69	“ food lockers ..	19
“ stove pipes ..	44	“ escape lights ..	2
“ ventilation ..	30	“ cabin floors ..	2
“ headlights ..	19	“ steps ..	2
“ portlights ..	8	“ lining ..	6
“ portlight frames	31	“ forecastle steps ..	3
“ decklights ..	14	“ forecastle floors ..	5
“ skylights ..	12	“ forecastle doors ..	11
“ plates, ships side	28	“ galley doors ..	2

## DEFECTS.

Defective bulkheads ..	6	Defective galley sinks ..	2
,, w.c.'s ..	26	,, mess room doors ..	2
,, w.c. flush pipes ..	2	,, bunks ..	15
,, w.c. soil pipes ..	2	,, bunks lining ..	14
,, waste pipes ..	2	,, scupper pipes ..	9
,, stem ..	2	,, wash basins ..	5
,, lining f'csle steerage ..	2	,, floor drainage ..	2

## NUISANCES.

Damp forecastles ..	2	Dirty pantries ..	2
Dirty ..	38	,, water tanks ..	19
,, steerage ..	7	,, mess rooms ..	2
,, cabins ..	31	,, and perished paintwork ..	89
,, steerage ..	3	,, and choked w.c.'s ..	34
,, seats ..	6	,, wash houses ..	10
,, galley & utensils ..	9	,, beef casks ..	4
,, beds destroyed ..	158	,, store room ..	1
,, bunks ..	82	,, and foul bilges ..	1
,, food lockers ..	93	Verminous vessels ..	239
,, seats ..	22	,, fumigated ..	192
,, transom lockers ..	18	,, sprayed ..	52

Informal Notices served 243; complied with 148.

The number of nuisances discovered was much as last year, but practically double the number of informal notices have been served.

During inspection of vessels particular attention is paid to the condition of the crews' living accommodation, and although there is still much room for improvement, it has been found that more attention is being paid to the general sanitary condition of cabins and forecastles.

Crews'  
Quarters.

This condition is more apparent in the latest type of vessels where increased cubic capacity, clothes lockers, and washing accommodation is provided. It is where lighting is deficient and especially in those forecastles where artificial lighting by oil lamps has to be resorted to, that dirty conditions are more frequently found.

It is satisfactory to note, however, that during the year there has been a marked decrease in the number of nuisances discovered due to the lack of cleanliness, although there has been an increased number of vessels entering the Port.

## VII.—FOOD INSPECTION.

## PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925.

Quantities and descriptions of food seized, forfeited or remaining unsold and sent to the Meal Works for destruction during the year.

## FISH MARKET.

Nature of Article.	Weight.				Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
	Tons.	Cwts.	Qrs.	Stns.			
Haddock	364	0	3	1	Decomposed	Forfeited	Sent to Meal Works.
Codlings	245	1	1	1	or	"	"
Catfish	62	17	1	1	Remaining	"	"
Colefish	46	12	3	1	unsold	"	"
Dabs	37	17	1	0	"	"	"
Whiting	26	12	2	0	"	"	"
Roker	8	9	1	0	"	"	"
Plaice	3	14	0	0	"	"	"
Witches	5	6	0	0	"	"	"
Cod	4	11	1	0	"	"	"
Lemon Soles	3	13	1	1	"	"	"
Herrings	3	7	2	1	"	"	"
Halibut	2	8	3	0	"	"	"
Bream	1	19	0	0	"	"	"
Roes	1	18	3	0	"	"	"
Tusk	1	1	0	0	"	"	"
Monk	1	1	0	0	"	"	"
Mackerel	—	14	3	0	"	"	"
Dogfish	—	7	0	1	"	"	"
Ling	—	5	0	0	"	"	"
Gurnards	—	7	0	0	"	"	"
Skate	—	4	2	0	"	"	"
Hake	—	2	0	0	"	"	"
Soles	—	—	—	3	"	"	"
Totals	822	13	0	0			

## Ex Rail.

Nature of Article.	Quantity.	Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
Herrings	188 stns.	Decomposed	Forfeited	Sent to Meal Works.
Mackerel	135 "	"	"	"
Wet Fillets	72 "	"	"	"
Dry "	18 "	"	"	"
Dogfish	88 "	"	"	"
Mixed Fish	116 "	"	"	"
Cod	32 "	"	"	"
Kippers	21 "	"	"	"
Haddock	28 "	"	"	"

Nature of Article.	Quantity.	Why Condemned.	Whether Seized or Forfeited.	How Disposed of.
Smoked Fish ..	16 stns.	Decomposed	Forfeited	Sent to Meal Works.
Roes ..	6 "	"	"	"
Roker ..	6 "	"	"	"
Bloaters ..	4 "	"	"	"
Hake ..	6 "	"	"	"
Halibut ..	1 "	"	"	"
Salmon ..	108 lbs.	"	"	"
Prawns ..	5 tins	"	"	"
Crabs ..	17 No.	"	"	"
Shrimps ..	9 bkts.	"	"	"
<i>Ex Steamship.</i>				
<i>Esbjerg.</i>				
Pigs Maws ..	2 casks	"	"	To Corporation Destructor.
Potatoes ..	9 bags	Unsound	"	
<i>Ex Seville.</i>				
Oranges ..	375 boxes	"	"	"
<i>Ex Cold Store.</i>				
Beef ..	103 lbs.	Decomposed	"	"

## CONDEMNED BY AN ORDER OF A JUSTICE OF THE PEACE.

<i>Ex Steamship.</i>				
<i>Esbjerg.</i>				
Pigs Maws ..	4 casks	Decomposed	Seized.	"
<i>Fish Curing</i>				
<i>House.</i>				
Herrings ..	5 st. 5 lbs	"	"	Sent to Meal Works.

*Shell Fish.*—There are no shell-fish beds in the area of the Port Health Authority.

The layings from which the oysters are marketed in this district are Hunstanton and Brightlingsea.

Number of Samples of Food examined by :—

(a) Bacteriologists—Nil.

(b) By Analyst—

*Nature of Sample.*

*Result of Examination.*

1 tin of Smoked Salmon.

Free from Preservatives.

I am indebted to Mr. A. Martin, Senior Port Health Inspector, for the details of the sanitary work carried out in the district during the year.

## District.

731 inspections and re-inspections have been made *re* defects and nuisances during the year, the following causes of complaints were dealt with:—

Choked drains cleared and cleansed	..	..	..	13
New drains laid	..	..	..	4
Choked gullies cleared	..	..	..	31
New gully covers provided	..	..	..	8
New gullies provided	..	..	..	7
New down spouts	..	..	..	6
Down spouts defective repaired	..	..	..	13
,,," cleared	..	..	..	4
New eave spouts	..	..	..	5
Eave spouts defective repaired	..	..	..	8
,,," cleared	..	..	..	5
New concrete floors provided	..	..	..	5
Floors repaired	..	..	..	3
Defective roofs repaired	..	..	..	10
waste pipe repaired	..	..	..	1
Vent shafts repaired	..	..	..	2
Walls repainted	..	..	..	2
Ventilation improved	..	..	..	1
New w.c.'s fixed	..	..	..	8
Dirty w.c.'s cleansed	..	..	..	5
New soil pipe provided	..	..	..	1
Soil pipe cleared	..	..	..	1
New basins fixed	..	..	..	1
Connections repaired	..	..	..	1
Cisterns repaired	..	..	..	2
Seats	..	..	..	1
Flush pipes repaired	..	..	..	1
Stores cleansed and limewashed	..	..	..	14
Mess rooms cleansed	..	..	..	2
Offices	..	..	..	4
Lofts	..	..	..	4
Walls cleansed	..	..	..	16
,, repaired	..	..	..	1
Ceilings cleansed	..	..	..	2
Floors cleansed	..	..	..	4
Miscellaneous	..	..	..	13

122 letters and informal notices were served on owners or occupiers during the year.

Accumula-  
tions of  
Offensive  
Refuse  
removed.

29 deposits of rubbish were dealt with during the year.

Fish merchants stands cleansed	..	..	..	..	171	Fish Market
Fish merchants utensils cleansed	..	..	..	..	608	
Fish merchants ice bins cleansed	..	..	..	..	183	
Fish merchants new ice bins..	..	..	..	..	16	
Fish curers kits (lots) cleansed	..	..	..	..	20	
Fish merchants carriers cleansed	..	..	..	..	6	

There has been a very marked increase during the year of the number of fish merchants utensils cleansed :—from 237 to 608.

The number of ice bins cleansed has also risen from 16 to 183.

A large number of dirty offal barrels were cleansed, and foul fish boxes destroyed.

Following the completion of the new fish dock in 1934 the London and North Eastern Railway is extending its facilities for the landing and dispatch of fish at their Grimsby docks by the construction in No. 2 Fish Dock of new quays and fish markets. These, when completed, will provide an additional 860 lineal feet of quay as well as the improvement of about 350 lineal feet of quay at present in use for the landing of fish.

Additional Fish Market facilities.

An additional area of about 100,000 square feet of up-to-date market accommodation will then be provided. The upper floors of the new markets will provide 90 offices for fish merchants, and about 23,000 square feet of additional storage area for fish boxes and kits. A refreshment room, trawler stores and other facilities are also included in the scheme, as well as rail and road improvements.

The new section of the market will be well equipped with sanitary accommodation, on the ground floor there will be three sets of urinals with six stalls each, and three sets of w.c.'s with six pedestals each. The first floor will be equally well provided for, viz. :—two sets of urinals with six stalls each, also two sets of w.c.'s with six pedestals each, in addition there will be women's lavatory accommodation, two sets with two pedestals each.

It is also proposed to erect filleting houses at the extreme end of the new section ; these will have cement rendered walls and concrete floor, with a fall towards the dock, also a barrow way fronting the dock side and one to the road side. These filleting houses should add considerably to the hygienic handling of fish, as they will have an abundant supply of fresh water and natural lighting.

The first section of the new extension should be ready for occupation by the end of April, 1938, and the entire scheme will cost in the region of £120,000.

There are 36 fish curing houses, these are kept up to the usual standard of cleanliness due to constant supervision, but a number of them, in fact, nearly all are now also in the wet fillet trade.

Fish Curing and Cleaning Houses.

The nature of this class of work gives rise to offence if not properly controlled, but I am pleased to say there were very few complaints, the nuisances are generally due to the want of lime-washing or carelessness in connection with the utensils in use.

The extra supervision however referred to in my last annual report necessitated by the large increase in the number of these houses during the past 5 years (actually a further 5 houses were established during 1937) has thrown a greatly increased strain on the staff dealing with the fish market side.

Public Conveniences.

There are a large number of these situated on the docks. They are the property of the Railway Company, and are generally kept in good order.

There are still 9 box privies which cannot be converted to water carriage, due to being in isolated positions and no sewer being available. These have been reconstructed, and the wooden containers substituted by smaller metal containers which is a decided improvement.

Liver Barrels.

These are getting less in number due to many of the vessels now extracting the oil from the livers on board and discharging the crude oil into iron drums. The old liver barrels are now only found on a few North Sea boats.

Fish Carriers (Barrels).

These are principally used by fish curing firms, and are a constant source of trouble, due to them not being properly cleansed. Your Inspectors have paid most particular attention to them during the past few months, and there is a marked improvement, but they still leave quite a lot to be desired.

Many firms have not yet appreciated that these barrels are intended to convey fish presumed to be for human consumption.

Non-returnable Boxes.

It is hoped some day to convert the trade to a proper appreciation of the fact that the adoption of some type of non-returnable fish-box would do a great deal to improve the value of goodwill existing throughout the country towards the Grimsby fish trade. At the same time the quality of the fish on arrival at its destination would be improved.

Trawler Owner's Boxes.

The cleanliness of these on many occasions is not all that could be desired.

Rats & Mice (Destruction) Act, 1919.

With reference to the above Act, 913 inspections and re-inspections were made.

4,323 rats were caught on premises, of these 1,224 were black and 3,099 were brown.

A regular system of examination is carried out in stores, warehouses, etc. If rats or traces of rats are found in any building, orders are at once given for their clearance either by traps, poison or fumigation.

Leaflets are distributed pointing out the obligations under the Act, also the penalties for non-compliance.

A card index is kept of all buildings, etc., in which rats have been found.

No Notices were issued during the year.

Parrots  
(Prohibition  
of Import)  
Regulations,  
1930.

Periodical inspections are being carried out under the above Acts.

The  
Shops Acts,  
1912-1934.

These places are kept under constant supervision, a card index record kept as to the nature of the trade carried on and their conditions.

Factory and  
Workshops  
Act.

Further particulars will be found in copy of Home Office Form appended :—

#### 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Premises. (1)		Inspections. (2)	Number of Written Notices. (3)			Occupiers (4)
			Notices. (3)	Prosecuted. (4)		
Factories (including Factory Laundries) ..	..	.. 177	6	—	—	—
Workshops (including Workshop Laundries) ..	..	.. 312	72	—	—	—
Workplaces (other than Outworkers' premises)	..	.. 361	4	—	—	—
		—	—	—	—	—
Total ..	..	.. 850	82	—	—	—
		—	—	—	—	—

#### 2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Found. (2)	Number of Defects			Number of H.M. Inspector. (4)	Prosecutions. (5)
		Remedied. (3)	Referred to Inspector. (4)			
Nuisances under the Public Health Acts :—						
Want of cleanliness .. .. ..	76	76	—	—	—	—
Want of ventilation .. .. ..	5	5	—	—	—	—
Overcrowding .. .. ..	—	—	—	—	—	—
Want of drainage of floors .. .. ..	13	13	—	—	—	—
Other nuisances .. .. ..	90	90	—	—	—	—
Sanitary accommodation	insufficient .. ..	7	7	—	—	—
	unsuitable or defective .. ..	7	7	—	—	—
	not separate for sexes .. ..	—	—	—	—	—

Offences under the Factory and Workshop

Acts :—

Illegal occupation of underground bake-house (s. 101) .. .. .. None in the Port

Total 198 198 — —

OUTWORK IN UNWHOLESOME PREMISES, SECTION 108 .. .. Nil.

Fish Meal  
Works.

Only one of these is situated in the Dock Area, and it is kept under constant supervision. No complaints were received during the year, and no cause for complaint was found. This is pleasing and shews that great care and attention is taken, especially considering the condition of some of the offal dealt with.

Offensive  
Trades.

The trades scheduled as offensive trades within the port of Grimsby are the trades of a Fish Curer and a dealer in fish offal, also Liver Oil Factory.

It is a pleasure to record that in practically all cases very willing co-operation is given, suggestions for improvements are well received, and the general standard both in respect of premises and processes is definitely improving.

Fish waste from Curing Houses as well as from all premises producing fish wastes is taken to the Meal Works and converted into fish meal. A daily collection of fish waste is in operation and is undertaken by the proprietors of the Meal Works.

Wooden barrels are used for this purpose which, on being emptied, are immediately put through a mechanised washer and thoroughly cleansed before being used again.

After delivering a load of offal at the works a clean set of barrels is loaded on to the lorries and delivered to the various premises. This system is strictly enforced.

The daily collection of offal ensures that all fish waste collected is in fresh condition as there is little or no risk of the waste having reached a state of decomposition, and this, together with the cleansing of barrels reduces the risk of nuisance arising to a minimum.

The collection of liver oil for transport to the factory is so arranged that it is not exposed to the air, it being pumped from Trawler to Barge or drum and thence to factory, so overcoming any offensive smell that might arise.

The Liver  
Oil Factory.

A fish liver oil factory well equipped with modern plant for extracting oil from livers and refining same was established on 1st June, 1937, on the north wall, No. 3 Fish Dock.

In this position the premises are situated at a considerable distance from the residential and business part of the Borough and interfere not at all with the amenities of the district.

The factory itself is very well conducted, and since its establishment there has been no cause for complaint.

Having regard to the nature of the article a certain amount of decomposition is unavoidable. The methods of handling have proved satisfactory and there is little cause for complaint.

The cleanliness of all receptacles used for the storage and conveyance of fish livers is strictly enforced. On these grounds there is little cause for complaint.

Another matter which continues to give rise to some concern is the considerable degree of bug infestation in a number of the trawlers. There are several difficulties in the way of dealing with this problem, viz., (a) the vessels are often in port for too short a period for fumigation to be carried out, and the ships are at sea again when a second fumigation would catch the second generation of eggs; (b) a ship may easily be infested by bugs brought on board in the gear of one seaman, and this gear may have become infested in a store from other gear. It is only fair to say that certain of the trawler owners will go to unlimited expense and trouble to keep their vessels free from vermin. Literature has been freely distributed.

The Railway Company have given special attention to road sweeping and the collection of refuse during the year with satisfactory result. Considerable sums of money have also been spent on improving certain sections of the road surfaces.

No sickness of a serious nature was brought into or occurred in the port during the year.

I acknowledge with thanks the cordial co-operation which we receive from H.M. Customs and Waterguard and from H.M. Immigration Officers, also the Port Master and the Dock Officials of the London and North Eastern Railway Company.



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**SECTION H.**

**SCHOOL MEDICAL SERVICE.**

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## GRIMSBY EDUCATION COMMITTEE.

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 Report of the School Medical Officer  
 FOR THE YEAR 1937.
 

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present my fourth annual report as School Medical Officer.

The year 1937 has been one of further consolidation and expansion of the School Medical Service, and the School Medical Services Sub-Committee has continued to shew a keen interest in the work of the service. It is noted with pride that the expenditure on special services is still the lowest of any county borough in this country, but at the same time it will be realised that it is possible to justify a further expansion of the services to fill the various gaps without being accused of reckless extravagance.

During the year the following further satisfactory advances were recorded :—

(a) In conjunction with the Grimsby and District Hospital and the Harlow Wood Hospital the provision of a complete orthopædic scheme, thus fulfilling a long-felt want.

(b) The provision of a satisfactory orthoptic scheme.

(c) Preparation of plans for a building to replace the unsatisfactory dental clinic at Hamilton Street.

(d) A further expansion of the provision of school meals and milk in schools, and closer co-ordination in this respect with the medical services.

(e) The provision of medical inspection for those attending the Junior Instruction Centres.

(f) In conjunction with a neighbouring local authority the proposed provision of a small number of places in an open-air school for delicate children.

In order that a study of the above list of progress may not give rise to undue complacency I wish to point out that the following five points stressed in the introduction to my last annual report have not so far been dealt with :

1. Closer integration with other health services.
2. Provision of alternative accommodation to replace the most unsatisfactory clinic at Burgess Street.
3. Further extension of the dental services.
4. Provision of an open-air school of 120 places.
5. Provision of special training in speech therapy for selected cases.

I should like to take this opportunity of thanking the Chairman and members of the School Medical Services Sub-Committee, the officials and teachers for their interest, co-operation and support throughout the year. I take this opportunity of welcoming Dr. J. Stuart Hawnt, the Director of Education, and for his rapid and comprehensive grasp of the difficulties which still surround the school medical service, and for the hope that with his active co-operation a still higher standard in the future will be achieved.

JAMES A. KERR,  
School Medical Officer.

Health Department,  
Grimsby.  
May, 1938.

### GRIMSBY EDUCATION COMMITTEE.

*Chairman*—ALDERMAN A. J. KNOTT, J.P.

*Vice-Chairman*—ALDERMAN J. H. CURRY, J.P.

DIRECTOR OF EDUCATION—

DR. J. STUART HAWNT (Appointed 1.10.1937).

### SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

*Chairman*—COUNCILLOR C. CANNING.

*Vice-Chairman*—COUNCILLOR J. J. SUTTON.

THE MAYOR, COUNCILLOR C. E. FRANKLIN, J.P.

Alderman	A. C. BEESON, J.P.	Coun. C. W. DIXON.
"	J. H. CURRY, J.P.	" J. KEAY.
"	J. HOGG.	" Mrs. C. A. MARKLEW, J.P.
"	A. J. KNOTT, J.P.	" E. MARKLEW, J.P., M.P.
"	J. W. PRIOR.	Mr. A. COLLINSON.
"	H. WELDRICK.	Mr. H. W. SHECKELL.
Councillor	I. ABRAHAMS, J.P.	Mrs. W. H. THICKETT.
"	M. BLOOM.	Mr. A. P. WILLIAMS, B.A.

### STAFF OF SCHOOL MEDICAL DEPARTMENT.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER—

JAMES A. KERR, B.Sc., M.D., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

W. G. SOUTHEY, M.B., B.S., D.P.H.

Miss R. HALPERIN, M.B., B.S., D.P.H.

J. MILLER VINE, M.B., B.S., D.P.H.

CONSULTING PHYSICIAN TO RHEUMATIC & HEART CLINIC—

J. W. BROWN, M.D., M.R.C.P.

CONSULTANT OPHTHALMOLOGIST—

W. GORDON DAVIDSON, M.B., D.O.M.S.

DENTAL OFFICERS—

C. F. SALT, L.D.S.

A. W. McCARTHY, L.D.S. (Resigned 31.5.1938).

SCHOOL NURSES—

Miss A. M. D. ALLFORD, Superintendent (Resigned 17.11.1937).

Miss F. S. HIGLEY, Superintendent. (Appointed 3.1.1938).

NURSES K. DRUMMOND (Resigned 30.4.1938), [E. RANDALL, E. RANDS, J. UPTON, H. BRYAN, A. ABBEY and G. E. BRIGHAM.

DENTAL ATTENDANTS—

Miss R. HENFREY.

Miss A. M. ROBERTS (Appointed 20.7.1937).

OFFICE CLERKS—

Miss J. COOKE; Miss M. GREEN (Appointed 1.1.1938).

MENTAL WELFARE VISITOR—

Miss M. LAXTON (Resigned 31.1.1938).

Miss E. M. WOULD (Appointed 7.3.1938).

The average number of children on the register during 1937 was 12,636, a reduction of 178 on the previous year and 461 on the figure of 1935.

**Co-ordination.**—The School Medical Service is more intimately linked with the Maternity and Child Welfare Service although the health visitors are still entirely separate from the school nurses. It is desirable that future appointments of school nurses should be confined to those who have the health visitor's qualification, and the same individual should supervise the work of both classes of officers.

The toddlers' clinics of the Maternity and Child Welfare Department are continuing to make progress, and soon it is hoped that the diminution in the number of defects found in entrants will shew a further diminution.

The arrangements for the co-operation of the teachers, health visitors and school attendance officers in respect to measles, whooping cough and chicken-pox has continued, and there is now very little unnecessary loss of attendance from this source. It is hoped in the near future to revise the regulations in regard to the exclusion of contacts from these diseases to still further diminish the loss of school time through these complaints.

Care is taken that any defects found by the staff of the Isolation Hospital during the stay of children there is brought to the notice of the school medical staff.

Arrangements have been made through the Borough Insurance Committee for a synopsis of the individual records of children who have left school to be available to practitioners in respect to the 14 to 16 group who have recently come within the scope of the National Insurance Acts.

The new dental clinic in Watkin Street is housed in premises rented from the Maternity and Child Welfare Committee, and cases are sent by the latter Committee to the ophthalmic, orthoptic and cardiac clinics, the cost being adjusted between the two committees on a user basis.

**School Hygiene.**—During 1937 the modernization of Hilda Junior Boys School was completed, the building providing accommodation for 460 junior boys. In addition to the ordinary classrooms a large assembly hall is provided and the lavatory and sanitary accommodation has been brought in line with modern requirements.

At Edward Street School the old wash basins have been replaced by an adequate supply of modern lavatory basins.

Various schools were also painted and decorated during the year, and the building of a new school in Macaulay Street to replace the present unsatisfactory one was commenced.

### MEDICAL INSPECTION.

The usual routine medical inspection as laid down by the Board of Education's schedule was followed throughout the year. These groups are :—

- (a) Entrants.
- (b) Eight year olds.
- (c) Leavers (over 12 years).

The number of children examined was as follows :—

Entrants (5-6 years)	1522
2nd Age Group (8-9 years)	1280
3rd Age Group (12-14 years)	1408
	—
Total	4210
	—

The special cases seen in 1937 amounted to 1,990, as compared with 2,228 in 1936 and 1,847 in 1935.

### FINDINGS OF MEDICAL INSPECTION.

(a) **Nutrition.** Consideration of the subjoined Table I. will show that average heights and weights in the different groups examined have been well maintained and show little alteration on those of previous years. Where there are decreases or increases they are only slight.

#### Average Height and Weight.

	GRIMSBY 1937			GRIMSBY. 1936		
	Height Inches	Weight Lbs.	Height Inches	Weight Lbs.		
<b>ENTRANTS.</b>						
5-6 years Boys	42.8	43.7	42.8	43.8		
5-6 years Girls	42.1	41.6	42.6	42.6		
<b>2ND AGE GROUP</b>						
8-9 years Boys	49.4	57.7	49.0	57.2		
8-9 years Girls	49.0	55.5	49.0	55.8		
<b>3RD AGE GROUP.</b>						
12-13 years Boys	56.4	80.9	55.9	79.9		
12-13 years Girls	57.4	82.1	57.4	82.5		

Unemployment in the town increased considerably during 1937, but fortunately that increase has not been reflected as yet in any appreciable increase in the cases showing sub-normal nutrition, nor should it be so in the future if the machinery now available for the prevention of "malnutrition" functions properly. It should be emphasised once again that "malnutrition" should always be regarded as a condition to be prevented rather than cured.

As regards group classification of the 4,210 children examined: 833 (19.8%) were classed A., 2,917 (69.3%) were classed B., 452 (10.7%) were classed C. and only 8 (0.2%) were classed D. It will be noted that compared with 1936 the numbers in class B (i.e., average nutrition) have increased, but the numbers in each of the other classes are lower, those in class D (i.e., bad nutrition) being less than half those of the previous year. Every one of these eight cases of "malnutrition" was carefully investigated after the routine school examination both in regard to the physical condition, environment and family circumstances of the child.

A brief resume may be of interest.

- W. B. under observation for some years for tuberculous adenitis; shows signs of old rickets; requires operation for tonsils and adenoids; father out of work for years; large family; inadequate home care; inefficient mother; receives free dinners and free virol.
- B. Q. under observation at Tuberculosis Dispensary; father suffers from pulmonary tuberculosis; family receives out-relief; home conditions good and mother efficient; receives free dinners and free malt and cod liver oil.
- D. B. suffers from some degree of anaemia; father not living with family; home fairly clean and well ventilated; mother fairly efficient; advised to apply for free dinners; recommended free virol and extra nourishment from Public Assistance Committee.
- R. S. illegitimate child; mother mentally defective and in special institution at Bath; lives with grandmother; home conditions excellent; takes school milk and malt and cod liver oil; "D" classification very doubtful.
- B. F. looked after by stupid grandmother; goes to bed very late; family income, ample; takes school milk; under observation by family doctor; no deficiency in quantity or quality of food; seems to be psychopathic case entirely.
- F. G. one of five children all flea-bitten; inefficient, mentally deficient mother; irregular hours of rest; no shortage of food; case of poor physique rather than true malnutrition.
- W. K. very small for age but active, energetic child and probably not true malnutrition; mother efficient, but has great struggle to make ends meet; advised to apply for free dinners and recommended free malt and cod liver oil.
- J. C. has never recovered properly from whooping cough, a few months previously; father earns good income; home conditions very good, but mother far too "fussy"; seems to be psychopathic case entirely.

In addition to the usual routine medical inspections, "nutritional surveys" were carried out in the following schools:—

(1) Weelsby Street Girls'.	(5) Holme Hill Girls'.
(2) Armstrong Street Boys'.	(6) Harold Street Boys'.
(3) Holme Hill Junior Boys'.	(7) Hilda Street Boys'.
(4) Holme Hill Senior Boys'.	(8) Strand Street Girls'.

It proved impossible with the available staff to conduct such inspections in all the schools, but the above were selected as serving areas where there is considerable poverty and unemployment, and where therefore "malnutrition" if it exists, would be more likely to manifest itself. There was neither time nor facilities for the detailed examination of each child in regard to haemoglobin percentage and vital capacity, which might give some real scientific value to such surveys.

The method followed was to select for a superficial investigation all children whose appearance suggested under nourishment, or whose teachers reported any apparent lack of vitality: and where subnormal nutrition was confirmed, the homes were visited by the school nurses and arrangements made for appropriate treatment. It may be stated at once that none of these surveys revealed any appreciable "malnutrition," i.e., cases of definitely bad nutrition.

Table II. has been drawn up to show a brief analysis of some of the findings.

School Inspected.	No. on Register.	No. Mothers	Widow-ed.	Fathers Number unem-ployed or pur-chasing	Number aver-age) receiving free School Milk.	Number receiving free School Dinners.	Number receiving free Malt Oil or Virol from Clinic.	No. found on inspection to be of sub-normal nutrition (not previously investigated)
Weelsby Street Girls'	283	67		55	3	17	5	
Armstrong Street Boys'	300	48		58	nil	4	1	
Holme Hill Junior Boys'	164	50		37	5	7	5	
Holme Hill Senior Boys'	194	76		51	1	10	9	
Holme Hill Girls'	225	76		53	4	7	5	
Harold Street Boys'	359	31		35	6	8	8	
Hilda Street Boys'	378	98		70	11	7	11	
Strand Street Girls'	190	59		45	12	14	18	

The clinical method of assessment of nutrition as set out in the Board's Chief Medical Officer's Annual Report for 1934, may have the objection (to which many different Authorities have already drawn attention) that the borderline between "B" and "C" nutrition is ill-defined and so the individual reactions of the examining medical officer may result in considerable discrepancies between the statistics from different areas, even when these areas resemble each other industrially and sociologically. But at least it has the merit of preventing the confusion (so prevalent in the minds of laymen) between frail physique, the result of

heredity, and " malnutrition " the result of faulty or inadequate diet. The following quotation from the Administrative Memorandum No. 124 emphasises the fact that any assessment of a child's nutrition when based merely on the physical appearance may be fallacious :—

" The main issue is to estimate the general well-being of the child. Such general assessment cannot as a rule be based upon any single criterion such as any ratio of age, sex, height and weight, but should also have regard to other data derived from clinical observations ; for example the general appearance, facies, carriage, posture ; the condition of the mucous membranes ; the tone and functioning of the muscular system ; and the amount of subcutaneous fat . . . . Too much reliance on a single sign may lead to error . . . . "

What we are all (in our own particular ways) trying to get at in our attempts to assess the nutrition of the school population is not so much a group of dry statistics that could only be of academic interest, if any, as an estimate of the stamina and vitality of the rising generation, and an answer to the question " is there anything more that we could do than we are already doing to increase national fitness ? "

In our admiration of, and striving for, fine physique, we may overlook the importance of this question of stamina and vitality ; although it is quite common in the experience of school medical officers to come across children of the frailest physique who never ail and are " full of life," and on the other hand, fine, strapping children who, according to their parents, seem never to be out of their doctor's hands.

Nutritional surveys, as described above, have the advantage over ordinary routine school inspections that they afford an opportunity of seeing children in the mass, rather than as individuals, when they are more likely to stand or sit naturally and to lose their self-consciousness. How easy it is to be deceived by appearances is made obvious by analysis of one's instinctive reactions to a class, for example, of moderately clean, well-dressed, intelligent children, as contrasted with a class of dull or mentally backward, ill-clad, neglected looking children. The majority of people would immediately assume the nutrition of the former to be good and the latter bad, and possibly be quite wrong.

(b) **Uncleanliness.** The total inspection of school children by the nurses during 1937 was 25,748, and the number showing evidence of verminous infestation was 633, compared with 609 in 1936, 359 in 1935, 500 in 1934, and 795 in 1933. For the purpose of these inspections the nurses paid 207 visits to schools, an average of 11.5 per school as compared with an average of 14.2 per school during 1936.

At routine school medical inspections only 59 out of a total of 4,210 examined showed any signs of louse infestation. It will be noted that if worked out in percentages these figures closely approximate to those of the previous year.

There is unfortunately an increase to be noted in these figures over those for the previous year, which were the lowest ever recorded in Grimsby. Yet there has been no conscious relaxation of efforts on the part either of school nurses or teachers, to cope with this nuisance.

(c) **Diseases of the Skin.**—Figures for the three principal contagious diseases are given below together with those of the three previous years for purposes of comparison.

	Ring-worm.	Scabies.	Impetigo.
1934	29	42	95
1935	26	72	73
1936	25	64	106
1937	17	58	49

A reduction in incidence of all three conditions will be noted. These figures, it should be pointed out, are the total cases seen at both routine and special inspections.

(d) **Visual Defects and External Eye Diseases.**—At routine inspection 83 cases of defective vision and 36 cases of squint were found, as against 117 and 43 respectively in 1936.

External eye diseases totalled 108, most of which consisted of mild degrees of blepharitis; only 18 requiring treatment. Special Inspections showed a further 93 cases of such diseases.

(e) **Nose and Throat Defects.**—Cases of tonsils, adenoids or both, requiring treatment found at routine and special inspections totalled 254, the same number as in 1936.

(f) **Ear Disease and Defective Hearing.**—Cases requiring treatment totalled 192 as against 186 in 1936.

(g) **Dental Defects.**—See report of School Dentist.

(h) **Orthopædic and Postural Defects.**—The total found at routine and special inspections was 46 as against 52 in 1936.

(i) **Heart Disease.**—Excluding functional defects, 20 cases were found as against 15 in 1936.

(j) **Tuberculosis.**—11 cases of pulmonary tuberculosis and 14 cases of non-pulmonary tuberculosis were diagnosed in 1937, as compared with 6 cases of pulmonary tuberculosis and 31 cases of non-pulmonary tuberculosis in 1936.

(k) **Nervous Defects.**—There were 9 cases of chorea diagnosed at routine and special inspections as against 10 in 1936.

The number of children found to require treatment for any condition at routine medical inspections during the year was 324 or 7·7%—a lower figure than has been previously recorded during the last nine years.

### **Following Up.**

The remarks made in last year's report are still applicable.

There are very few children showing defects notified to parents who are not brought to the clinic for advice or re-inspection within a short while after the school inspection, so that it is rare to find remedial defects unremedied when the reinspection at school takes place a year later.

The exceptions to the rule are chiefly defects of vision, and unless the child is very retarded in its school work as a result of the defect, it is often extremely difficult to convince the less intelligent among the parents that correction is important, particularly if, as often happens, the child is averse from the idea of wearing spectacles.

With the appointment of a superintendent school nurse it has been possible to organise the work of the school nurses in a more satisfactory manner, and to diminish the interval between routine medical inspection and the first follow-up of defects by the school nurse.

### **ARRANGEMENTS FOR TREATMENT.**

(a) **Defects of Nutrition.**—As described in previous reports, the home circumstances of every case of doubtful or definitely subnormal nutrition are investigated with the object of trying to discover how far poverty and shortage of food are factors in the case. Where this is established parents are urged to apply for free meals and to the clinic for free malt and cod liver oil or virol. Where faulty habits or environment seem to be the main factors, the mothers are urged to attend the school clinic where the necessary advice can be given. It may be remarked here that the experience of school nurses and medical officers in Grimsby has convinced them that maternal inefficiency, stupidity and ignorance are far more often responsible for subnormal nutrition than poverty, and that cases due to the latter alone are extremely rare in this town. It might also be urged again that feeding of children by the authority should be regarded as a preventative rather than curative undertaking. So many border line cases are encountered where a medical officer hesitates to recommend free meals either because the child is not actually under-nourished or because it is known that the circumstances of the parents do not justify it, and yet there are reasons for suspecting that the child is not being fed properly and that if this is not remedied the child will never make the progress it should. Circumstances perhaps do not yet permit of the authority undertaking the feeding of children on a big scale as is the practice

in larger centres of population e.g., Manchester, where approximately 10% of the school population are provided with mid-day meals at a minimum charge, within the means of all but the poorest families. But one feels very strongly that only by the establishment of some such scheme will the problem of nutrition in Grimsby be adequately solved.

It is desirable for a proper appreciation of the views of all medical officers of the Health and Education Departments to include in this report a special report made by the Medical Officer of Health after consultation with his colleagues to a special committee set up by the local authority towards the end of the year to enquire into the incidence of malnutrition. This report is as follows:—

“ To the Members of the Special Committee re Malnutrition.

I will preface my remarks by informing you that in the opinion of the medical officers of the health services, and the district medical officers, there is little or no malnutrition in Grimsby. Let us get quite clear what is meant by this. We mean that no one is suffering from a marked degree of under-nourishment by the lack of the amount of food taken. If we had an advanced type of this under-nourishment we should have what is known as starvation.

There is, however, another type of malnutrition, or whatever you like to call it, which is even commoner in Grimsby than in most urban areas, that is malnutrition resulting from lack of the right foods. There are two reasons for this:—

(a) The maternity and child welfare services have been unable until recently to give proper instruction to mothers in cooking and dietetics.

(b) The teaching of housewifery in the elementary schools is more recently developed in Grimsby than elsewhere. (I am subject to correction on this point).

This type of malnutrition is due to lack of the protective food elements due to an unbalanced diet. All food consists of the following constituents:—

Proteins ; Fats ; Carbo-hydrates ;  
Vitamins ; Mineral salts ; Water.

What are the three commonest defects in diets, particularly for the young? Incidentally, these defects are partly due to poverty and partly due to ignorance. They are as follows:—

(1) Insufficient protein, which cannot be replaced by fat or carbo-hydrate in the growing boy or girl.

(2) Insufficient vitamins. Examples of the social services trying to remedy this are easily instanced—(a) recommending mothers at welfare clinics to add orange juice to the baby's diet ; (b) the large use made of vitamins in treating the children at the school clinic.

(3) Absence or deficiency of mineral salts, e.g., insufficient vegetables lead to iron deficiency, particularly in expectant and nursing mothers. Another example is the very small proportion of Grimsby children who suffer from rickets. Apparently they get enough calcium in an assimilable form in the water. Glasgow, on the other hand, which has a very soft water, has more rickets in proportion.

These insufficiencies of diet are rendered more acute by the lack of knowledge of proper cooking and the resort to tinned foods, fish and chips, etc. It is not a question of getting the right foods, it is often a question of getting the right nourishment by the process of cooking into a form which is easily assimilable and absorbed by the human body. The unbalancing of the school children's diet on Fridays does not improve matters.

I fully appreciate the difficulties of a mother trying to cook in a single living room with several young children round her skirts, but I do think more could be done in many cases. A prominent paid social worker in this town informs me that many children go for months without a proper cooked meal, and that such a nourishing thing as a milk pudding is quite unknown to them.

Having endeavoured to give you some idea of the problem, let us see what can be done by you to carry out the terms of reference to this special Committee and either confirm or refute the first sentence in this report. The only way this could be done is by a careful investigation by the officers of the Health Department of a sufficient number of family budgets to provide reliable data. The staff is not available to carry out such work, and I am not enthusiastic about associating the Department with what might be thought to be in the nature of an imposition. The Ministry of Labour has, by the assistance of voluntary workers, carried out a detailed survey of the family budget of over 100 families in Grimsby and district both in October, 1937, and January, 1938. This was a really detailed affair involving such things as the average weekly expenditure on cinemas, tobacco, football pools, etc. This information has been forwarded to London for collation but through the courtesy of the local officials I was able to learn some of the broad outlines, e.g., the amount of milk used per family in Grimsby is extremely low. This investigation is to be repeated twice in the next six months.

I regret that this Committee did not include representatives of the Maternity and Child Welfare and Public Assistance Committees, although the latter are indirectly represented.

The social services are becoming so complex and varied in areas which have a large amount of unemployment as we

have, that it should be considered whether a central register of assistance should not be initiated. This in itself is not a medical problem, and as such does not concern the Health Department, but indirectly it should be of great assistance in aiding medical officers in improving the nutrition of the community. What is being done at present? The Provision of Meals Sub-Committee of the Education Committee has recently much expanded its scope with a resulting lasting benefit to the school population, but I have the following criticisms to make in no carping spirit:—

(1) It would be much better if the Local Authority could do the catering themselves. It is not so difficult to cook food at one centre and distribute it hot to other centres. I might mention that we give 30 children a hot three course dinner daily at the Occupation Centre at a cost of 5d. per head. This figure, of course, only includes cost of food stuffs and gas for cooking.

(2) It should be a condition that any child who is given free meals should in addition be taking the supply of free milk in the schools. It is absurd to give a child nutrition at the expense of the ratepayers when it is not taking full advantage of a government-subsidised food.

(3) The medical officers of the health services fully appreciate the necessity for an income limit, but because a large sum of money is coming into a house it does not necessarily follow that the children of that household are getting sufficient nourishment to benefit by the education provided. Many of the cases which we medical officers think are most in need of free meals on medical grounds are debarred by an income limit.

I have no information as to the general practice of Education Authorities throughout the country and whether it would be administratively practicable to collect the money due for the provision of meals to children where the family income is above the limit.

The Maternity and Child Welfare Committee have taken no steps as yet for the provision of meals for toddlers or for expectant and nursing mothers. The question of the former can be omitted at present, but the latter requires serious consideration. The medical officers of that branch endeavour to fill the gap by prescribing special dried milk preparations with added vitamins or mineral salts. When such provision is made eventually by the Maternity and Child Welfare Committee there should be co-ordination between that Committee and the Provision of Meals Sub-Committee, for example, there might be at the Watkin Street Clinic dinners provided both for mothers and school children, while at one of the centres used by the Education Committee there might be some provision for mothers as well.

Let us turn to the large sums necessarily disbursed by the Public Assistance Committee. Many medical officers have

felt for a long time that if some of the money expended in outdoor relief could be scientifically and economically directed to nutrition of the rising generation, a great step forward would be made.

I was interested to note that on the 9th February the Southern Branch of the Society of Medical Officers of Health passed the following resolution :—" That the Council of the Society of Medical Officers of Health be asked to urge the Government to consider the advisability of allocating the whole or part of unemployment benefit in respect to school children to local Education Authorities for the provision of milk and meals instead of to parents, and so ensure the use of the money for purpose for which it is intended." The Council of the Society has not yet had an opportunity of considering the matter. We medical officers of health feel it is a highly controversial subject, and its implications are mainly social rather than medical. You now see where the central register of assistance would be of value. I am, however, confident that it is a step which will eventually be taken in some measure, and I am, therefore, bringing it before you for consideration.

In conclusion, you will have to consider as a Committee whether you will now report back to the Council at present or not, and whether or not you will continue to function as a co-ordinating agent in general nutritional policy between the departments concerned with this work."

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The special clinic mentioned in previous reports designated somewhat misleadingly " Malnutrition Clinic," but more properly Special Investigation Clinic (where cases requiring more or less frequent observation rather than treatment can be followed up at leisure thereby relieving the congestion at the morning clinics) continued to be held every alternate Friday afternoon until the summer and since then, every Friday afternoon. Cases are seen at this clinic by appointment only, and held as it is when the schools are not in session, it causes no interference with the school attendance and suits the busy mother as a rule better than the morning clinics.

Although there is no child guidance clinic in Grimsby, cases that would ordinarily be referred to such a clinic are also dealt with on these Friday afternoons.

97 cases made a total of 263 attendances during the year. They were classified as follows :—

Debility and Subnormal Nutrition	32
Rheumatism and Chorea	11
Heart Defects .. .. ..	4
Anæmia .. .. ..	15
Asthma and Bronchitis .. .. ..	16
Psychoneuroses .. .. ..	9
Other conditions .. .. ..	10

**Uncleanliness.**—The baths provided at the school clinic for cleansing cannot be used for the purposes they are intended, but some propaganda is carried out in respect to the washing of hands of those attending at the clinics. There are, however, no facilities for employing baths in the treatment of skin diseases. It is hoped to provide these in conjunction with the new municipal hospital.

X-ray treatment for ringworm is not available.

As remarked in previous reports, most of the skin conditions treated at the clinic ("septic sores" in particular) are the direct result of dirt and parental incompetence.

As regards verminous heads, cleansing notices were served in 47 cases, of which one required a notice on two different occasions.

The figures for 1936 were 63 and 7 respectively so that there would seem to have been an improvement in this respect during 1937.

To quote last year's report "ceaseless verbal propaganda is carried on amongst both children and parents in the hope of developing a public conscience in the matter; but complete eradication of vermin in school children would appear to be a goal impossible of attainment with human nature as we know it to-day in this country." A remark recently made at the school clinic by an irate parent whose child had been excluded from school on account of a verminous head, to the effect that he could not see why such a fuss was made over anything so trivial when during the war men in the trenches learned to become accustomed to head and body vermin, lends some point to the above quotation.

There have been no prosecutions for the offence in Grimsby in recent years.

(c) **Minor Ailments.**—The figures for attendances at the School Clinic were as follows—

Total cases	6732
Total attendances	12590

as compared with 6,575 and 12,387 in 1936.

The clinic is held every morning of the school week from 9.30 a.m. to 1 p.m.

Of the above 6,732 cases, 1,056 of a trivial nature were dealt with by the school nurse and did not require to be seen by the medical officer.

As remarked in previous reports, the value of the clinic lies as much in the opportunities that it affords for advisory and educative work among the parents as in the actual treatment of "minor ailments."

Although there has been no diminution in the number of cases dealt with, congestion and waiting have been considerably lessened in recent months by an improvement in organisation.

All cases that are not of an urgent nature are now seen by appointment made previously by one of the two nurses in attendance; and as far as possible new cases of skin disorders are being sent to the clinic in the afternoon for preliminary sorting out into those which can be dealt with satisfactorily by the nurses and those which require to be seen by the medical officer.

(d) **Defects of Vision and Diseases of the Eye.**—Refraction clinics were held every Tuesday afternoon, and every alternate Friday afternoon till the end of July. Since then the Tuesday afternoons alone have sufficed to deal with the numbers of refractions that were required.

It has been possible to handle the much increased volume of work at these clinics (more than double the refractions per session were carried out during 1937 than in any previous year) through the voluntary and unremunerated assistance of Mr. A. C. Mackay (of Messrs. Mossons who have held the contract for supplying glasses to school children for some years), and we are very much indebted to him for his services.

During the year 466 children had refraction at the clinic and spectacles prescribed; and of this number 333 obtained spectacles under the Authority's scheme. A further 41 children were refracted and obtained spectacles privately. Analysis of the errors of refraction dealt with at the clinic is as follows:—

Squint	..	..	..	29.4%
Hypermetropia	..	..	..	5.7%
Myopia—high	1.1%	..	..	5.2%
,, low	4.1%	..	..	
Astigmatism	{	hypermetropic	46.2%	
		myopic	11.2%	
		mixed	2.3%	59.7%

67 cases of eye diseases were referred during the year to Dr. W. Gordon Davidson, the consulting ophthalmologist appointed under the Authority's scheme, and 14 operations for squint were performed by him.

Provision has been made recently for orthoptic training under Dr. Davidson's direction, and at the present time every case of squint is being referred to him for the selection of cases suitable for operation or orthoptic training.

Like the orthopaedic scheme this branch of work has been rather overwhelmed by the accumulation of cases requiring treatment at the initiation of the scheme. Arrangements have been approved by the Board of Education for suitable

cases to be referred to Dr. Davidson at his consulting rooms to be dealt with under a trained orthoptic worker in his employ. This work is carried out at special sessions during school hours, and although it is early days to speak of it yet some very satisfactory results have been achieved.

A stereosette has been provided by the local authority in the hope that further mild degrees of errors of refraction will be detected.

(e) **Nose and Throat Defects.**—At routine and special inspections during the year, 254 children were found to be suffering from the effects of unhealthy tonsils, adenoids or both; the same number as in 1936. They were classified as follows:—

Chronic tonsillitis .. .. .. ..	32
Adenoids only .. .. .. ..	41
Chronic tonsillitis and adenoids .. .. .. ..	181

Operative treatment was provided for 90 of these cases, 74 under the Authority's scheme at the Grimsby and District Hospital, 6 at the Hull Royal Infirmary, and the remainder privately.

Owing to the acute shortage of beds and the fact that every case now being operated upon at the Grimsby and District Hospital is detained in the hospital for at least one night after the operation, there is an unavoidable discrepancy between the numbers recommended for operation and the actual operations. It is hoped that circumstances will soon permit of a reduction in the size of the waiting list. The parents continue to shew great appreciation of the admission of children overnight for these operations.

(f) **Ear Disease and Defects of Hearing.**—In the absence of a consulting ear, nose and throat specialist, the clinic continues to make the best arrangements it can for the treatment of such complaints.

In November last a daily clinic under the supervision of one of the school nurses was commenced for the treatment of otorrhœa and chronic otitis media as well as chronic catarrhal conditions of the nose and throat. It is held every afternoon and by combining local treatment of the ear with nasal hygiene (as practised in the Manchester school clinics) excellent results have already been attained in chronic otorrhœa, far superior to any previously experienced. The course of nasal hygiene lasts about three weeks for each child, by which time the child has, as a rule, become sufficiently experienced in the ritual to be able to practise a modified form of it at home. Between 20 and 30 children are now in regular daily attendance, and only lack of accommodation prevents expansion of these figures. So enthusiastic about results are both children and parents that there is no difficulty in securing regular attendance and reluctance is shown when the course has to terminate.

There is no provision at all being made at the present time for the accurate assessment of minor degrees of deafness. If the experience of other authorities can be taken as any guide, there are probably a number of children in every school with defects of hearing, which though not gross enough to be detected by teachers or at ordinary routine medical examinations, are yet sufficient to cause considerable retardation in educational progress. Introduction of the gramophone audiometer and routine testing of all school children would lead to the detection and sorting out of such cases. Although such work could hardly be undertaken without some enlargement of the present staff of school nurses, it might be favourably considered by the authority at some future date as one of the lines along which the school medical service might expand with advantage.

(g) **Dental Defects.**—See dentist's report.

(h) **Orthopædic Defects.**—A complete scheme made by the local authority in conjunction with the Grimsby and District Hospital came into operation in May, 1937, and has fulfilled a long felt want. All children with such defects are referred there and are dealt with by the honorary orthopædic surgeon, Mr. R. Guy Pulvertaft, F.R.C.S.

During the year 147 cases were referred as out-patients and 7 cases were admitted as in-patients. It will be appreciated that these numbers represent the accumulation of years. Those cases which require a long term of in-patient treatment are, under the scheme, sent to Harlow Wood Hospital, near Mansfield, or to the ancillary hospital at Gringley-on-the-Hill, where teaching facilities are also available. During the year 3 cases were sent to Harlow Wood and 2 cases to Gringley Hospital. In the early part of the year three cases were also referred to Hull Royal Infirmary.

(i) **Heart Disease and Rheumatism.**—A fortnightly session is held at the School Clinic during the year by Dr. J. W. Brown, the consultant physician in these diseases to the local authority.

79 cases—of which 33 were new—made a total of 145 attendances at these clinics.

The clinic continues on the lines indicated by Dr. Brown in last year's report, and I am indebted to him for a further report this year as follows:—

The work of the rheumatism and heart clinic has continued unabated during 1937. At the present time rheumatism and its effects loom largely on the national horizon, and it seems likely that before long the country will be divided into areas for investigation and centres of treatment. More than a nucleus of such a centre exists in this town at the

present moment. The type of rheumatism which produces cardiac cripples and causes premature death is studied in your rheumatic clinic, these cases being supervised throughout school life... When they leave school these cases are seen periodically by your physician at the Grimsby and District Hospital. It speaks volumes for the enthusiasm of these patients that they still come seven and more years after leaving school. The other types of rheumatism, rheumatoid arthritis, fibrositis, etc., do not enter much into the school age but appear in the third decade. These are again catered for and large numbers are under gold treatment and other therapies at the moment, with striking results.

Many cases with active rheumatism have been admitted to hospital for prolonged stays until such time as laboratory control shews that the rheumatic infection is quiescent. A large number apparently find their way direct to the Infirmary without the intervention of the clinic. The stay of these later in the Infirmary appears to be much longer than in other institutions where routine laboratory control is the rule. It appears to be worth while considering the possibility of providing some educational facilities for those destined to spend a long time resting in bed. This is done with great success by many authorities. It must be realised that education is of prime importance to these children. Their condition most often precludes their undertaking any form of strenuous occupation or manual work. Medical examinations as a condition of entry into public services prevents them entering any of these, and they are rejected by the factory doctor. It is thus essential that they must receive education in order to get office and other similar work, rather than become ultimately a charge upon the local authority. Experience shews that the longer a child is kept away from school the more difficult it is to get it back. Contributing to this difficulty is the loss of touch with educational matters, which in many cases we have seen, induces an inferiority complex. Apart from these more severe cases there are many cases which are excluded from school for too long a period. These cases would be much better at school where they would get more rest than in running about the streets. A very useful purpose would be served in making acute rheumatism notifiable, so that the conditions surrounding these cases could be investigated. It is clear at the present time that generally speaking the rheumatic infection is not a disease of the very poor.

Thanks to the establishment of orthopaedic facilities it has been possible to refer a number of cases sent with a diagnosis of rheumatism but in reality suffering from minor orthopaedic conditions such as flat foot. There are also a large group of cases with "fatigue pains" which bear no relation to rheumatism which in childhood only affects the

joints and the heart. These give a lot of difficulty in diagnosis but are kept at school. There appears to be considerable laxity of thought concerning chorea. Many cases of habit spasm, which bears no etiological relationship whatsoever to chorea, are kept away from school with great detriment to the individual. Experience shews that the most effective treatment of chorea is institutional. The frequency of relapse on return to home environment is striking and would repay extended investigation.

A welcome feature of the clinic has been the co-operation of parents, and their comprehension of the difficulties that the rheumatic child faces. We always devote especial attention to the social aspects of the cases, and especially to their ultimate sphere of usefulness in life. There are no cases of malnutrition in this rheumatic group, and we find a remarkable correspondance with anthropometric tables used in all similar clinics.

(j) **Tuberculosis.**—As in previous years, all suspected cases found at either routine or special inspections were straightway referred to Dr. Vine the Tuberculosis Officer, who has always taken the keenest interest in such cases, and worked in close and cordial collaboration with the School Medical Service.

**Ultra Violet Therapy.**—No provision is made for ultra violet therapy by the Education Committee although a certain number of pre-tuberculous children receive treatment at the anti-tuberculosis dispensary.

#### DENTAL REPORT.

The new dental clinic at Watkin Street to replace the converted rooms in Armstrong Street school was opened in the summer of 1937, and plans have been prepared and a site selected for a building which will replace the present unsatisfactory premises at the Hamilton Street clinic.

The dental nurses have been replaced by dental attendants and this arrangement has worked in an extremely satisfactory manner.

Since the opening of the Watkin Street clinic the recommendation of the Chief Medical Officer to the Board of Education in 1933 that a general anaesthetic should only be administered in the presence of a second dental officer has been carried out. This has meant that the dental officers have fallen more and more in arrears with their work owing to the time taken up by these additional sessions, and it has not been possible to extend routine dental inspection to the four schools which do not yet receive it. The local Education Authority has not yet seen fit to appoint an additional dental officer and is trying the experiment of holding evening dental sessions for the older children.

The arrangements in respect to consent forms of treatment for those over 9 have been not yet extended to those under 9, it having been not thought desirable in the case of the younger children.

I am indebted to Mr. C. F. Salt, L.D.S., for the following report :—

The following report refers to the dental work done at the Hamilton Street and Armstrong Street school dental clinics, and subsequently at the new Watkin Street Clinic in connection with the School Medical Services during 1937.

The inspections at the schools visited included all departments.

The children of 26 departments were inspected in 45 visits, an average number of 96·6 being inspected at each visit.

Of the children inspected, 743 boys and 743 girls were new entrants; and 1,346 boys and 1,515 girls were re-inspected.

Of the 1,444 teeth filled 1,440 were permanent and 4 temporary. Of the 7,642 teeth extracted 1,638 were permanent and 6,004 were temporary.

The percentages of extractions work out 21·43 per cent. permanent and 78·56 per cent. temporary. Too many of the "Specials" still are those who have previously refused treatment when inspected, and account for a good percentage of permanent teeth extracted which might previously have been saved.

The percentage of children inspected with all sound teeth during 1937 was :—boys 12·9, girls 16·8, average 14·85.

The percentage of those inspected classed as requiring treatment was 71·3, the balance about 14% while not being absolutely sound were classed as not requiring treatment.

The percentage of children re-treated as the result of periodical inspection was boys 37·9, girls 44·15.

INSPECTIONS.		Boys.	Girls.	Total
Children examined (routine cases)	..	2114	2233	4347
Teeth sound	.. ..	273	377	
Teeth less than 4 decayed	.. ..	756	897	
Teeth 4 or more decayed	.. ..	1086	958	
Teeth oral sepsis, including abscesses	..	107	97	
Half-days devoted to inspections	.. ..			45
" " " treatment of children	..			526

It is considered that a lot of time now spent in inspecting persistent refusals under 9 could be saved if they were put on the same basis as those over 9, and had to consent to treatment before being inspected, it being understood that the forms would be sent out each year and they would thus have an opportunity each year to be inspected and treated.

The opening of the new clinic at Watkin Street and the closing of the dental clinic at Armstrong Street School saw the coming into force of the arrangement whereby both the school dentists had to be present when gas was administered, and also the arrangement of the school dentists giving two maternity and child welfare sessions per week instead of one as hitherto. These new arrangements necessitated

cutting out two routine extraction sessions, 1 filling session and 2 inspection sessions per week from the time-table then in force, and meant 14 school dental sessions and 2 maternity and child welfare sessions per week instead of 19 school dental sessions and 1 maternity and child welfare session, or in other words a loss of 5 school dental sessions per week, or a minimum of 200 per year. The inspections at 12 school departments since then average out at  $3\frac{2}{3}$  months later, but the gap between inspection and treatment has been reduced to 1 month, and for the 16 departments treated since the new arrangement came into force the delay in treatment averages out at only one month.

The following schools are still non-routine schools:— Holme Hill, Carr Lane, Hilda Street, and Weelsby Street, and in view of the new arrangements mentioned above it is not thought possible to take them into routine inspection and treatment and get round them all once in twelve months according to instructions, until the staff is increased by one more full time school dentist.

23 scholarship children, 16 boys and 7 girls, from the Wintringham Secondary School were treated during the year.

5 girls and 9 youths from the juvenile unemployment instruction centres were also treated, as were 18 tuberculosis patients.

### Dental Defects.

Number of children inspected:—

Routine	..	..	..	4,347
Specials	..	..	..	1,509

Number of children requiring treatment (routine)	..	3,101
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Number of children treated	..	3,732
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Number of attendances made by children for treatment	..	..	..	4,574
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### FILLINGS:—

Permanent teeth	..	..	..	1,440
Temporary teeth	..	..	..	4

### EXTRACTIONS:—

Permanent teeth	..	..	..	1,638
Temporary teeth	..	..	..	6,004

### ANÆSTHETICS:—

General (N <sub>2</sub> O) (Gas)	..	..	..	3,198
Local	..	..	..	67

Number of children re-treated as the result of periodical inspection	Boys	511
	Girls	669

Total	1,180
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Number of children re-inspected	Boys	1,346
	Girls	1,515
	<hr/>	<hr/>
Total	2,861	<hr/>
Number of New Entrants inspected	Boys	743
	Girls	743
	<hr/>	<hr/>
Total	1,486	<hr/>

Also see Table V. on page 208.

### Infectious Diseases.

No schools or departments were closed on this account during 1937, although considerable pressure was put on the School Medical Officer during an influenza epidemic early in the year when the schools of a neighbouring authority were closed. As a result of that epidemic, however, 36 certificates under Article 23b of the Education Code in respect to diminished attendance were issued.

The exclusion machinery of the school medical service in respect to infectious diseases is reasonably watertight, and the question of alteration of the rules for exclusion of contacts is under consideration.

The diphtheria immunisation scheme was put into operation during 1937 but only 69 children were immunised by an officer of the health department owing to that department being without the services of one of the medical officers during the larger portion of the year.

There has been very little variation in the average attendance of the elementary school children in Grimsby during the past seven years, the percentages being:—

1931	..	..	89.04	1935	..	..	89.74
1932	..	..	90.33	1936	..	..	89.80
1933	..	..	89.23	1937	..	..	87.70
1934	..	..	90.37				

Below will be found a table giving the cases of notifiable diseases amongst school children (5 to 15 age group):—

Scarlet Fever	..	..	..	..	..	149
Diphtheria	..	..	..	..	..	44
Enteric Fever	..	..	..	..	..	1
Pneumonia	..	..	..	..	..	14
Acute Polioencephalitis	..	..	..	..	..	1
Chicken-pox	..	..	..	..	..	198

### Tuberculosis :—

Respiratory	..	..	..	..	..	11
Other Forms	..	..	..	..	..	14

Weekly returns are tabulated for every school in the area in respect to scarlet fever and diphtheria, and any undue incidence of either of these diseases in any one school can be easily detected and appropriate measures taken. Some educational work as to the futility of disinfection of school premises has been initiated.

**PRINCIPAL CAUSES OF DEATH AT AGES 5 TO 15  
YEARS.**

	1933.	1934.	1935.	1936.	1937.
Measles ..	..	—	I	—	I
Scarlet fever ..	..	—	—	—	I
Diphtheria ..	..	2	2	2	—
Influenza ..	..	—	—	—	I
Encephalitis lethargica ..	—	—	—	—	—
Pulmonary tuberculosis ..	I	—	3	—	3
Other tuberculous diseases ..	7	4	3	5	2
Heart disease ..	..	3	2	3	I
Bronchitis ..	..	—	—	I	I
Pneumonia ..	..	3	5	5	I
Appendicitis ..	..	I	I	3	2
Nephritis ..	..	I	I	—	—
Rheumatic fever ..	..	—	I	2	—
Enteric fever ..	..	—	—	—	—
Poliomyelitis ..	—	—	—	—	—
Acute Polioencephalitis ..	—	—	—	—	I
Accidents ..	..	2	2	—	3

**Open-air Education.**

A fair amount of auxiliary open-air education is given by means of play-room classes. Every endeavour should be made to increase these when the weather is suitable and provided accommodation is available. Some of the newer schools have been so constructed as to have a maximum amount of ventilation. The children attending the Brighouse Homes under the Public Assistance Committee have an annual camp.

In view of the number of delicate children in the elementary schools it is desirable that the Local Authority should consider the necessity for erecting a small open-air school.

**Physical Training.**

The Education Authority have not yet appointed a Director of Physical Training and thus there is no report available from such an officer. Excellent work, however, continues to be done by the teachers in those schools where the necessary apparatus has been available.

During the year 438 boys and 372 girls were taught to swim. It is hoped that with the provision of more ample facilities by the local authority in respect to swimming baths in the near future these numbers will be materially increased.

### Provision of Meals.

There has been a considerable extension of the work under the Provision of Meals Act, 1906. 31,448 meals were provided as compared with 21,561 in 1936. The children are supplied with dinners at a Salvation Army Hostel, at Nuns-thorpe School and at two other centrally placed premises.

There is still a separate Provision of Meals Sub-Committee, but the degree of co-ordination with the school medical staff has been much increased as all cases receiving free meals are referred to the school medical officers for examination and report. It is unfortunate that the children of mothers who are not good housewives are not always able to benefit by this arrangement because they come above the income limit. The menus of the various centres are submitted from time to time to the School Medical Officer for any observations and suggestions he may care to make.

In view of the convincing experiments which have been conducted in regard to the giving of milk to growing children, shewing conclusively that there is an increase of weight as compared with those controlled cases who do not receive such milk, it is unfortunate that the position is much as before, only 25 per cent. of the children in Grimsby receiving milk in the schools as compared with 60 per cent. on the other bank of the Humber. It is not a question of poverty as the Education Committee now allow the provision of free milk in necessitous cases.

The number of one-third pint bottles of tuberculin tested or pasteurised milk supplied during the year at  $\frac{1}{2}$ d. per bottle was 642,033 as compared with 658,634 in 1936, and the average daily number of children supplied was 3,200 as compared with 3,107.

In regard to both meals and milk the children are selected by the head teachers and by the school medical staff, and are examined by the latter in any case. There is no voluntary agency in Grimsby engaged in this work.

### CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

**Teachers.**—Parents are notified of the day and hour of inspection of each child, but as might be expected the attendance of parents is highest with the infants and lowest with the older boys. A good deal of educational work is still required in regard to the necessity of early treatment of defective vision and teeth. I wish to express my indebtedness to the school teachers who have to combine their assistance to the School Medical Service with their other numerous duties, but they can be one of the most valuable " following up " agents by reason of their close contact with the parents.

**School Attendance Officers.**—These officers have worked in close co-operation with the Public Health Department, especially in regard to infectious diseases.

**Grimsby and District Hospital.**—We are indebted to the staff for the interest they have taken in cases referred to the hospital from the school clinic for treatment from time to time, and particularly to the Secretary Superintendent for arranging on occasion for convalescing and necessitous school children to be sent for a change to the convalescent home at Wragby.

**Hull Royal Infirmary.**—We have again to thank the staff for the kind and courteous manner in which they have continued during 1937 to deal with the cases referred to them. These cases are classified as follows :—

Ear, nose and throat defects	..	..	9
Eye defects	..	..	1
Orthopædic conditions	..	..	3
		—	
Total	..	13	—

**N.S.P.C.C.**—Once again we should like to record our indebtedness to Inspector A. T. Parsons, the Society's representative in Grimsby, for the interest he has taken in every case referred to him where parental neglect has seemed to threaten the welfare of school children.

**Police Aided Association.**—This association supplied during the winter months 594 pairs of boots to necessitous and deserving children ; and in this regard has been of great assistance to the authority, for school attendance inevitably suffers when children are inadequately shod. In addition 274 pairs of boots were repaired.

#### **BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

These are discovered by (a) routine visits of the medical staff to schools, (b) special reports of teachers, and (c) reports from school attendance officers.

The ascertainment of all defective children within the meaning of Part V. of the Education Act, 1921, is reasonably complete. There is need for an open-air school for delicate children. The local authority has made special provision for a number of beds in a residential open-air school to be built for a neighbouring authority.

Adequate arrangements are made for placing defective children in special schools throughout the country as will be seen from the following list :—

## CHILDREN IN SPECIAL SCHOOLS.

Name.	Date of Birth.	Institution.
Cartwright, Harold	31 12 20	Yorkshire Deaf Institution.
Daines, George	11 4 23	" " "
Wivell, Sidney	9 4 24	" " "
Hardy, Bernard	5 10 27	" " "
Alcock, Edwin	22 10 24	" " "
Critten, Rhita	13 10 27	" " "
Thomassen, Fred	22 5 26	Royal Blind School. "
Ingham, Katherine	11 8 32	Sunshine Home, Southport.
Cole, Janet	16 10 23	" " "
Leedham, William	11 9 22	Lingfield Colony. "
Burton, Winifred	30 4 23	Much Hadham.
Plues, Ronald	11 6 27	Naghull, Liverpool.
Cook, Clive	21 7 24	Littleton House, Girton.
Brown, Elsie	2 10 25	Allerton Priory, Liverpool.
Sullivan, Dolly	1 12 23	" " "
Blewitt, George		Children's Hospital, Gringley-on-the-Hill.
Haddock, Gladys		Harlow Wood.
Hall, Elsie		" "

The following children were dealt with during the year :—

R.P. (m) Epileptic child admitted to Naghull, Liverpool pool.  
 C.C. (m) Mentally Deficient child admitted to Littleton House, Girton.  
 E.B. (f) Mentally Deficient child admitted to Allerton Priory, Liverpool.  
 D.S. (f) Mentally Deficient child admitted to Allerton Priory, Liverpool.  
 G.B. (m) Crippled child admitted to Children's Hospital Gringley-on-the-Hill.  
 G.H. (f) Crippled child admitted to Harlow Wood.  
 E.H. (f) Crippled child admitted to Harlow Wood.

**MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)  
REGULATIONS, 1928.**

Number of children notified during the year ending 31st December, 1937, to the local mental deficiency authority —15.

The ascertainment of mental defectives has continued through the year on the lines inaugurated two years ago. Thirty-eight children have been referred for investigation from the schools during the year. Of these eight were found to be ineducable, and were notified to the local mental deficiency authority ; nine were found to be feeble-minded, but educable in a special school or class ; three were merely dull and backward ; five were of normal intelligence, but showed some educational difficulty ; thirteen are under observation and not yet classified, or failed to keep appointments for examination.

Two feeble-minded children were sent to residential special schools, and several other feeble-minded children were taken off the register during the year, having reached the age of 14. After deducting these cases, the number of feeble-minded children remaining in the elementary schools for last year is 63.

It is not thought that this figure represents the total number of feeble-minded children in the schools, and up to the present, as there is no systematic method of testing, only those children who showed marked difficulty in learning have been referred for examination. In addition it is thought that were specialised education available in the form of special classes more children would be referred for examination and classification.

**Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.**—No students were sent for training during the year.

#### NURSERY SCHOOLS.

There is no nursery school in the area under the local education authority. A small private nursery school has recently closed but not because of any lack of pupils. Arrangements are under active consideration by the local authority for the provision of a certain number of nursery classes.

#### THE SECONDARY SCHOOL.

There is only one secondary school maintained by the local authority, the Wintringham Secondary School.

Inspection is carried out at practically weekly intervals at a forenoon session. Arrangements have been made for the lady medical officer to examine the girls at this school. All entrants are seen first, and all others at alternate years. In this way half of the scholars are seen each year, over 15 per cent. of parents appear at inspections, and as might be expected, the majority of those attend in respect to girls. All children are measured and weighed by the school nurse on the day prior to inspection.

During 1937, 355 children were inspected, and 97 parents attended during the year.

Malnutrition, uncleanliness and skin conditions continue to be negligible quantities.

The total percentage of children found to require treatment other than dental treatment was 7·0 as compared with 7·5 last year, but it is regretted that the identical percentage of 22·2 per cent. were found to be dentally defective as last year, the majority of these being boys. It is, however, felt that the careful followup cases by the teaching staff of the school is gradually bearing fruit. Adequate arrangements are

made for following up by the school nurse of dental defects discovered at the time of inspection, and the forms of treatment available to the elementary school children are available also to the scholarship children; the remainder are referred to private practitioners or to hospitals.

The Principal, Mr. R. W. Jackson, is keenly interested in the health of the school, and there has been active co-operation between the teaching staff and the officers of the school medical service.

### JUNIOR INSTRUCTION CENTRES.

I am indebted to Dr. J. Miller Vine for the following report:—

During 1937 regular medical examinations have been carried out on boys attending the above. The examination is voluntary on the part of the boys, and there have been no refusals to date. The most common defect found has been dental decay which in 36 out of 40 cases has been remedied either privately or at the school dental clinic. Defective vision was noted in 13 cases and in 9 cases this was dealt with at the school clinic. The remainder undertook to visit a private practitioner. Other defects noted and referred either to the boys' private or panel doctor or to the appropriate clinic were enlarged and septic tonsils, mental backwardness, heart abnormality, suspicious chests in T.B. contacts, varicocoele, and inherited venereal disease.

The boys appear to appreciate the interest taken in them and frequently ask for and receive advice on health questions of the type common to adolescents. Questions as to suitability for various careers have arisen and the Assistant Medical Officer in consultation with the Principal, Mr. R. Walker, has discussed with individual boys their fitness for this or that type of work.

The Assistant Medical Officer wishes to pay tribute to the cordial co-operation and help he has at all times received from the Principal at the Centre, and also to thank Dr. Douglas J. Campbell, V.D. Medical Officer, for kindly coming to the Centre and giving the boys a most valuable talk on venereal disease.

The Assistant Medical Officer would like to stress the need for some form of bathing establishment at the Centre. It is suggested that a group of shower baths with hot and cold water be provided. The educational value of such an installation is important, and it is believed that with little encouragement a daily shower bath would be a regular part of the day's routine. Generally the boys are clean, but their physical exercises produce perspiration which if allowed to dry on them is likely to produce chills.

The total number of boys examined was 131, and of these 72 were found to require some form of treatment.

I am indebted to Dr. Rachel Halperin for the following report :—

During 1937 three routine medical inspections were carried out at the Junior Instruction Centre for Girls in Wellington Street, 65 girls between the ages of 14 and 18 being seen whilst two girls refused examination. Of these 35 were referred for treatment to the school clinic or privately—19 for dental caries, 11 for defective vision, and the rest for enlarged tonsils, heart trouble, spinal curvature and anaemia, but only 8 of them have had treatment carried out.

As regards obtaining treatment for defects, particularly in the case of defective vision, it has been found that the majority of defaulters are those whose parents have consistently refused treatment for them during their school life.

The assistant medical officer has found these examinations rather unsatisfactory, for though the girls on the whole appear to be appreciative of the examination and the advice on hygiene and general health given, time only allows for very infrequent visits to be made to the centre as the girls attending there are for the most part a rapidly changing population. This means that only the few girls who happen to be present on one of three or four particular mornings in the year are examined.

#### PARENTS' PAYMENTS.

The arrangements for recovering the cost of treatment from the parents of children attending the public elementary schools and scholarship children attending the secondary school are similar. They are as follows :—

**Free** medical treatment to be given to the children of parents where the family income (after deducting rent and rates) does not exceed 9s. od. in respect of each adult, 6s. od. for the first child, and 5s. od. for each additional child.

**Half payment** to be made where the family income (after deducting rent and rates) does not exceed 17s. 6d. for each adult and 5s. od. for each additional child.

Over this scale the **full** payment to be made by the parents.

In respect of the various forms of treatment full payment shall be in accordance with the following scale :—

**Orthopædic treatment.**—1s. od. out-patient; 5s. od. in-patient; excepting treatment in Special Schools which will be subject to individual assessment.

**Orthoptic treatment.**—7s. 6d. for full course of treatment.

**Supply of spectacles.**—7s. 6d.

During the year 186 children obtained spectacles under the Authority's scheme. In 90 cases the spectacles were supplied free of charge, in 96 cases the Education Committee paid half the cost.

**Tonsils and adenoids.**—7s. 6d. (No contribution to be made by parents who are registered contributors to the Hospital).

74 children received operative treatment through the Education Committee.

**Dental treatment.**—6d. for complete treatment.

**Patent foods and drugs.**—Full cost.

### HEALTH EDUCATION.

The ex-Empire Marketing Board frames have been freely used for propaganda purposes, and opportunity was taken during the year by the local authority to avail themselves of one of the travelling lecturers of the Dental Board of the United Kingdom.

The Education Committee co-operated to the fullest extent in the 6-months propaganda campaign initiated by the Ministry of Health and the Board of Education which commenced on the 1st October, 1937.

In the summer of 1937 the travelling exhibition of the National Association for Maternity and Child Welfare was in Grimsby, and an opportunity was given to the senior girls in all the elementary schools and the girls in the secondary school, numbering approximately 1,200, to pay a visit to the exhibition in school hours under the guidance of their teachers.

### SPECIAL ENQUIRIES.

Other than nutritional surveys, owing to the great demands on their time in routine work, it was not possible for the medical officers to carry out any special enquiries.

### MISCELLANEOUS.

During the year 217 certificates were given to school children who were engaged in partial employment after school hours. This compares with 138 employment certificates in 1936, and 114 in 1935.

**Open-air education.**—It is proposed next summer to arrange as an experiment for selected parties of senior boys to spend a week receiving instruction at a youth hostel in the neighbourhood.

TABLE I.

**Medical Inspections of Children attending Public Elementary Schools****A.—ROUTINE MEDICAL INSPECTIONS.**

Number of inspections in the prescribed groups.

Entrants	..	..	..	..	..	1,522
Second age group	..	..	..	..	..	1,280
Third age group	..	..	..	..	..	1,408
						<hr/>
	Total	..	..	..	..	4,210
						<hr/>

Number of other routine inspections .. .. .. Nil

**B.—OTHER INSPECTIONS.**

Number of special inspections	..	..	..	..	..	1,990
Number of re-inspections	..	..	..	..	..	4,814
	Total	..	..	..	..	6,804
						<hr/>

**C.—CHILDREN FOUND TO REQUIRE TREATMENT.**

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups :

Entrants	..	..	..	..	..	..	118
Second Age Group	..	..	..	..	..	..	97
Third Age Group	..	..	..	..	..	..	109
							<hr/>
Total (Prescribed Groups)	..	..	..	..	..	..	324
							<hr/>
Other Routine Inspections	..	..	..	..	..	..	nil
							<hr/>
Grand Total	..	..	..	..	..	..	324
							<hr/>

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

DEFECT OR DISEASE				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
				Requiring treatment	Requiring treatment to be kept under observation but not requiring treatment	Requiring treatment	Requiring treatment to be kept under observation but not requiring treatment
1				2	3	4	5
<b>Skin</b>							
	(1) Ringworm—Scalp .. .. ..	—	1	7	—		
	(2) " Body .. .. ..	—	—	10	—		
	(3) Scabies .. .. ..	6	—	52	—		
	(4) Impetigo .. .. ..	2	—	47	—		
	(5) Other Diseases (Non-Tuberculous) .. .. ..	13	43	368	3		
	<b>TOTAL (Heads 1 to 5) .. ..</b>	<b>21</b>	<b>44</b>	<b>484</b>	<b>3</b>		
<b>Eye</b>							
	(6) Blepharitis .. .. ..	14	78	30	1		
	(7) Conjunctivitis .. .. ..	—	1	28	—		
	(8) Keratitis .. .. ..	—	—	2	—		
	(9) Corneal Opacities .. .. ..	—	1	6	—		
	(10) Other Conditions (excluding Defective Vision and Squint) .. .. ..	4	10	26	—		
	<b>TOTAL (Heads 6 to 10) .. ..</b>	<b>18</b>	<b>90</b>	<b>92</b>	<b>1</b>		
<b>Ear</b>							
	(11) Defective Vision (excluding Squint) .. .. ..	83	238	40	—		
	(12) Squint .. .. ..	36	123	5	—		
	(13) Defective Hearing .. .. ..	7	26	27	1		
	(14) Otitis Media .. .. ..	2	2	16	—		
	(15) Other Ear Diseases .. .. ..	16	52	124	1		
<b>Nose and Throat</b>							
	(16) Chronic Tonsillitis only .. .. ..	20	304	12	—		
	(17) Adenoids only .. .. ..	9	42	32	—		
	(18) Chronic Tonsillitis and Adenoids .. .. ..	63	72	118	—		
	(19) Other Conditions .. .. ..	4	20	257	3		
	(20) Enlarged Cervical Glands (Non-Tuberculous) .. .. ..	1	112	41	3		
	(21) Defective Speech .. .. ..	—	39	1	—		
<b>Heart &amp; Circulation</b>	Heart Disease :						
	(22) Organic .. .. ..	7	12	1	—		
	(23) Functional .. .. ..	2	28	—			
	(24) Anaemia .. .. ..	5	13	22	—		
<b>Lungs</b>	(25) Bronchitis .. .. ..	6	60	29	—		
	(26) Other Non-Tuberculous Diseases .. .. ..	—	9	15	—		
<b>Tuberculosis</b>	Pulmonary :—						
	(27) Definite .. .. ..	—	—	—			
	(28) Suspected .. .. ..	—	—	1	—		
	Non-Pulmonary :—						
	(29) Glands .. .. ..	—	10	—			
	(30) Bones and Joints .. .. ..	—	2	—			
	(31) Skin .. .. ..	—	—	—			
	(32) Other Forms .. .. ..	—	1	—			
	<b>TOTAL (Heads 29 to 32) .. ..</b>	<b>—</b>	<b>13</b>	<b>—</b>	<b>—</b>		
<b>Nervous System</b>							
	(33) Epilepsy .. .. ..	—	5	4	1		
	(34) Chorea .. .. ..	1	—	8	—		
	(35) Other Conditions .. .. ..	8	43	23	2		
<b>Deformities</b>	(36) Rickets .. .. ..	2	40	—	—		
	(37) Spinal Curvature .. .. ..	1	1	1	—		
	(38) Other Forms .. .. ..	1	30	12	—		
	(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	26	79	471	6		
	<b>Total .. .. ..</b>	<b>339</b>	<b>1497</b>	<b>1836</b>	<b>21</b>		

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

(see *Administrative Memorandum No. 124, dated 31st December, 1934*).

Age Groups.	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1522	276	18.2	1081	71	159	10.4	6	0.4
Second Age-group	1280	273	21.3	856	66.9	150	11.7	1	0.1
Third Age-group ...	1408	284	20.2	980	69.6	143	10.1	1	0.1
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—
<b>TOTAL</b> ...	<b>4210</b>	<b>833</b>	<b>19.8</b>	<b>2917</b>	<b>69.3</b>	<b>452</b>	<b>10.7</b>	<b>8</b>	<b>0.2</b>

TABLE III.

Return of all Exceptional Children in the area, Year ended December 31st, 1937.

#### BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

#### PARTIALLY SIGHTED CHILDREN.

In this Section are entered children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	3	1	3	8

Table III.—continued.

## DEAF CHILDREN

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	1	—	1	7

## PARTIALLY DEAF CHILDREN.

In this Section are entered children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	3	—	—	4

## MENTALLY DEFECTIVE CHILDREN.

## Feeble-Minded Children.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	63	—	19	86

## EPILEPTIC CHILDREN.

## Children Suffering from Severe Epilepsy.

This Section refers only to children who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	2	—	—	5

Table III.—continued.

## PHYSICALLY DEFECTIVE CHILDREN.

## A. Tuberculous Children.

## I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	11	3	8	22

## II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	119	9	14	142

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

## B. Delicate Children.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	13	—	—	13

## C. Crippled Children.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	35	3	6	47

Table III.—continued.

## D. Children with Heart Disease.

This Section is confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	4	—	—	4

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

## At Other Institutions.

Heart Disease and Mental Defect	..	..	..	1
Deaf and Feeble-minded	..	..	..	1

## At no School or Institution.

Crippled and Feeble-minded	..	..	..	1
----------------------------	----	----	----	---

TABLE IV.

## TREATMENT TABLES.

GROUP 1. MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect 1	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin :</i>			
Ringworm—Scalp (i.) X-Ray Treatment. If none, indicate by dash	.. ..	—	—
(ii.) Other Treatment	.. ..	7	7
Ringworm—Body	.. ..	12	12
Scabies	.. ..	51	51
Impetigo	.. ..	46	46
Other Skin Diseases	.. ..	165	166
<i>Minor Eye Defects :</i>			
(External and other, but excluding cases falling in Group II.)	..	112	113
Minor Ear Defects	.. ..	207	207
<i>Miscellaneous :</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	.. .. ..	1216	1216
Total	.. .. ..	1816	1818

Table IV.—continued.

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint) ..	466	41	507
Other defects or disease of the eyes (excluding those recorded in Group I) .. .. ..	8	—	8
Total .. .. ..	474	41	515

No. of Children for whom spectacles were	Under the Authority's Scheme.				
	(a) Prescribed .. .. ..	466	41	507	
(b) Obtained .. .. ..	333	41	374		

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.		Total.	Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme.			
1	2	3	4	5
(i.) 5   (ii.) 5   (iii.) 64   (iv.) —	(i.) 2   (ii.) 2   (iii.) 11   (iv.) 1	(i.) 7   (ii.) 7   (iii.) 75   (iv.) 1	—	90

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids.

(iv.) Other Defects of the Nose and Throat.

GROUP IV. Orthopædic and Postural Defects.

	(1) Under the Authority's Scheme.			(2) Otherwise.			
	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	3	6	87	—	2	8	106

TABLE V.  
Dental Inspection and Treatment.

(1) Number of Children Inspected by the Dentist :—

Routine Age Groups						
Aged :	(5), 687 ;	(6), 725 ;	(7), 600 ;	(8), 544 ;		
	(9), 326 ;	(10), 320 ;	(11), 376 ;	(12), 377 ;		
	(13), 346 ;	(14), 46				
					Total ..	4347
	Specials ..	..	..	..		1509
					Total (Routine and Specials) ..	..
						5856
2.	Number found to require treatment	..	..	..		3101
3.	Number actually treated	..	..	..		3732
4.	Attendances made by children for treatment	..	..	..		4547
5.	Half-days devoted to :—					
	Inspection ..	..	..	..	45	
	Treatment ..	..	..	..	526	
					Total ..	571
6.	Fillings :—					
	Permanent teeth ..	..	..	..	1440	
	Temporary teeth ..	..	..	..	4	
					Total ..	1444
7.	Extractions :—	..				
	Permanent teeth ..	..	..	..	1638	
	Temporary teeth ..	..	..	..	6004	
					Total ..	7642
8.	Administrations of general anaesthetics for extractions	..				3198
9.	Other operations :—					
	Permanent teeth ..	..	..	..	259	
	Temporary teeth ..	..	..	..	—	
					Total ..	259

TABLE VI.  
Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses ..	..	..	..	..	11.5
(ii.)	Total number of examinations of children in the Schools by School Nurses ..	..	..	..	..	25748
(iii.)	Number of individual children found unclean ..	..	..			633
(iv.)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ..	..	..			7
(v.)	Number of cases in which legal proceedings were taken :—					
	(a) Under the Education Act, 1921				—	
	(b) Under School Attendance Byelaws				—	

## WINTRINGHAM SECONDARY SCHOOL.

TABLE A.

Return of Defects found in the course of Medical Inspection.

Defect.	ROUTINE INSPECTIONS.		
	Referred for Treatment.	Referred for Observation.	
MALNUTRITION .. .. .. .. ..	—	13	
UNCLEANLINESS .. .. .. .. ..	—	—	
Head .. .. .. .. ..	—	—	
Body .. .. .. .. ..	—	—	
SKIN.			
Ringworm—Scalp .. .. .. .. ..	—	—	
" Body .. .. .. .. ..	—	—	
Scabies .. .. .. .. ..	—	—	
Impetigo .. .. .. .. ..	—	—	
Other Diseases (Non-Tuberculous) .. .. .. .. ..	1	2	
EYE.			
Blepharitis .. .. .. .. ..	4	5	
Conjunctivitis .. .. .. .. ..	—	—	
Keratitis .. .. .. .. ..	—	—	
Corneal Opacities .. .. .. .. ..	—	—	
Other Conditions (excluding Defective Vision and Squint) .. .. .. .. ..	—	—	
Defective Vision (excluding Squint) .. .. .. .. ..	9	25	
Squint .. .. .. .. ..	—	2	
EAR			
Defective Hearing .. .. .. .. ..	—	—	
Otitis Media .. .. .. .. ..	—	—	
Other Ear Diseases .. .. .. .. ..	—	—	
NOSE AND THROAT.			
Chronic Tonsillitis only .. .. .. .. ..	—	9	
Adenoids only .. .. .. .. ..	2	1	
Chronic Tonsillitis and Adenoids .. .. .. .. ..	—	—	
Other Conditions .. .. .. .. ..	1	—	
Enlarged Cervical Glands (Non-Tuberculous) .. .. .. .. ..	—	4	
Defective Speech .. .. .. .. ..	—	1	
HEART AND CIRCULATION.			
Heart Disease :			
Organic .. .. .. .. ..	—	—	
Functional .. .. .. .. ..	2	6	
Anæmia .. .. .. .. ..	2	7	
LUNGS.			
Bronchitis .. .. .. .. ..	—	—	
Other Non-Tuberculous Diseases .. .. .. .. ..	—	1	
TUBERCULOSIS.			
Pulmonary :			
Definite .. .. .. .. ..	—	—	
Suspected .. .. .. .. ..	—	—	
Non-Pulmonary :			
Glands .. .. .. .. ..	—	—	
Bones and Joints .. .. .. .. ..	—	—	
Skin .. .. .. .. ..	—	—	
Other Forms .. .. .. .. ..	—	—	
NERVOUS SYSTEM.			
Epilepsy .. .. .. .. ..	—	—	
Chorea .. .. .. .. ..	—	—	
Other Conditions .. .. .. .. ..	—	2	
DEFORMITIES.			
Rickets .. .. .. .. ..	—	—	
Spinal Curvature .. .. .. .. ..	—	—	
Other Forms .. .. .. .. ..	—	4	
Other Defects and Diseases .. .. .. .. ..	4	17	
TEETH .. .. .. .. ..	54	—	

Table A.—*continued.*

## Number of Children examined not including Specials

## AGE GROUPS.

	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Males ..	1	5	1	2	7	9	8	39	28	27	32	21	4	1
Females —	—	5	5	5	9	11	5	27	27	29	24	19	4	—
Total	1	10	6	7	16	20	13	66	55	56	56	40	8	1
Reinspections ..	Nil.							Specials ..	Nil.					

TABLE B.

	Number Inspected.	No. found to require Treatment.	% found to require Treatment.
Boys at all ages ..	185	49	26.5
Girls at all ages ..	170	30	17.6
Total .. ..	355	79	22.3
Other Routine Insp.	nil	nil	nil
Totals .. ..	355	79	22.3

TABLE C.

## Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Inspected. (2)	Found to require Treatment. (3)	% of Children found to require Treatment. (4)
<b>CODE GROUPS.</b>			
Entrants ..	24	2	8.3
Intermediates ..	115	7	6.1
Leavers ..	216	16	7.4
Total (Code Groups)	355	25	7.04
Other Routine Insp.	nil	nil	nil

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**STATISTICAL TABLES.**

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TABLE I.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1937 AND PREVIOUS YEARS.

YEAR.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.			TRANSFERABLE DEATHS			NETT DEATHS BELONGING TO THE DISTRICT.			At all Ages.		
	Population estimated to Middle of each Year.	Births.		Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.		
		Un-corrected Number.	Nett.												
1	2	3	4	5	6	7	8	9	10	11	12	13			
1919	79,290	..	1772	22.3	1045	13.1	72	50	143	80	1023	12.9			
1920	81,950	..	2383	29.0	1148	14.0	79	49	216	90	1118	13.6			
1921	82,330	..	2173	26.3	980	11.9	55	55	222	102	980	11.9			
1922	83,600	..	2003	24.0	1130	13.5	62	45	187	93	1113	13.3			
1923	84,650	..	1962	23.1	925	10.9	58	47	153	78	914	10.7			
1924	85,620	..	1845	21.5	1125	13.1	79	47	183	99	1093	12.7			
1925	86,810	..	1792	20.6	973	11.2	69	50	127	71	954	10.9			
1926	87,190	..	1728	19.8	1058	12.1	59	54	157	91	1053	12.0			
1927	88,340	1660	1654	18.7	1042	11.7	88	82	109	66	1036	11.7			
1928	90,270	1733	1702	18.8	1052	11.6	75	48	132	77	1025	11.3			
1929	91,440	1696	1673	18.2	1324	14.4	107	56	148	88	1273	13.9			
1930	91,440	1745	1745	19.0	1125	12.3	69	44	129	74	1100	12.0			
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61	1110	12.0			
1932	92,250	1584	1652	17.9	1198	12.9	88	48	111	67	1158	12.5			
1933	93,090	1608	1671	17.9	1201	12.9	89	48	114	68	1160	12.4			
1934	93,700	1753	1738	18.5	1096	11.6	89	32	86	49	1039	11.0			
1935	93,900	1656	1621	17.2	1165	12.4	96	45	102	63	1114	11.8			
1936	93,690	1677	1677	17.9	1153	12.3	105	30	113	67	1078	11.5			
1937	92,760	1514	1516	16.3	1123	12.1	96	40	86	57	1067	11.5			

TABLE II.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1937.

NOTIFIABLE DISEASES.	Number of Cases notified.										Total Cases notified in each Ward of the Borough.											
	At Ages—Years.										Cases removed to Hospital.											
	Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 & upwards.	Clees.	Hafton.	Humber.	North-East.	South.	South-West.	Victoria.	Wellesby.	Wellow.	
Small Pox	..	..	215	1	5	14	13	17	112	37	6	7	3	8	11	23	2	18	5	15	5	155
Scarlet Fever	..	..	215	1	5	14	13	17	112	38	6	9	3	4	10	12	1	3	15	6	1	1
Diphtheria inc.	..	..	36	—	1	8	6	10	38	—	—	—	—	—	—	—	—	—	—	—	—	82
Enteric Fever (Typhoid and Paratyphoid)	1	—	—	—	—	—	1	1	4	4	6	13	5	2	3	6	2	3	4	5	3	1
Acute Prim. Pneumonia	54	1	2	4	3	1	10	1	4	4	6	13	5	4	1	1	—	2	2	4	1	13
Acute Infantil. Pneumonia	26	1	2	1	1	—	—	1	2	9	3	4	4	1	—	—	3	2	1	3	2	8
Puerperal Fever...	..	..	6	—	—	—	—	—	—	1	5	—	—	1	—	—	—	—	—	—	—	5
Puerperal Pyrexia...	..	..	31	—	—	—	—	—	—	1	27	3	—	2	1	—	—	2	21	1	—	—
Cerebro-Spinal Fever...	..	..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13
Acute Polioencephalitis	..	..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmitis Neonatorum	26	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	..	14	14	13	21	22	25	164	34	4	2	2	1	28	23	17	1	5	55	45	2	37
Chicken Pox	..	..	302	14	13	21	22	25	164	34	4	2	2	1	—	—	—	—	—	—	—	—
Totals	..	..	763	44	23	48	45	53	328	822	53	28	210	54	52	62	9	34	85	68	15	132
																						290*

\* Includes 8 cases of Pneumonia removed to Scartho Road Infirmary.



TABLE III.—CAUSES OF AND AGES AT DEATH DURING THE YEAR 1937.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.												Total Deaths whether of "Residents" or "Non Residents" in Institutions in the District	
	All Ages.		Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards				
	Total.	Males Females												
1	2	3	4	5	6	7	8	9	10	11	12	13		
ALL CAUSES { Certified .. ..	1067	600	467	86	18	19	23	39	98	297	487	478		
Uncertified .. ..	..	..	..	..	..	..	..	..	..	..	..	..		
1. Typhoid & Paratyphoid Fevers	..	..	..	..	..	..	..	..	..	..	..	..	..	
2. Measles .. .. .. ..	4	3	1	1	1	1	1	..	..	..	..	..	2	
3. Scarlet Fever .. .. ..	2	1	1	..	1	..	1	..	..	..	..	..	2	
4. Whooping Cough .. .. ..	4	..	4	3	..	1	..	..	..	..	..	..	3	
5. Diphtheria .. .. ..	5	3	2	..	1	3	1	..	..	..	..	..	7	
6. Influenza .. .. .. ..	30	15	15	4	3	1	1	2	1	5	13	..	6	
7. Encephalitis Lethargica ..	1	..	1	..	..	..	..	..	..	..	..	..	..	
8. Cerebro-spinal Fever ..	1	1	..	1	..	..	..	..	..	..	..	..	1	
9. Tuberculosis of Resp. system ..	53	32	21	..	..	..	..	3	11	25	11	3	45	
10. Other Tuberculous Diseases ..	10	7	3	..	1	2	2	4	1	..	..	..	8	
11. Syphilis .. .. ..	11	6	5	..	..	..	..	..	2	8	1	..	9	
12. General Paralysis of the In-sane, Tabes Dorsalis ..	12	10	2	..	..	..	..	..	..	1	9	2	7	
13. Cancer, Malignant Disease ..	120	62	58	..	..	..	..	..	..	8	54	58	57	
14. Diabetes .. .. ..	15	6	9	..	..	..	..	..	..	2	5	8	4	
15. Cerebral Haemorrhage, etc. ..	110	61	49	..	..	..	..	..	1	2	35	72	26	
16. Heart Disease .. ..	131	67	64	..	..	..	..	4	3	12	54	58	45	
17. Aneurysm .. .. ..	4	3	1	..	..	..	..	..	..	..	3	1	1	
18. Other Circulatory Diseases ..	27	13	14	1	..	1	..	..	2	8	4	11	10	
19. Bronchitis .. .. ..	64	43	21	..	..	1	1	1	1	1	18	42	16	
20. Pneumonia (all forms) ..	75	48	27	14	8	5	4	..	10	19	15	..	29	
21. Other Respiratory Diseases ..	9	5	4	..	..	1	..	..	..	..	3	5	3	
22. Peptic Ulcer .. .. ..	10	8	2	..	..	..	..	..	..	3	4	3	9	
23. Diarrhoea, etc. .. .. ..	16	12	4	12	1	1	..	2	2	1	1	..	7	
24. Appendicitis .. .. ..	7	4	3	..	..	..	..	2	2	1	2	..	6	
25. Cirrhosis of Liver .. ..	3	2	1	..	..	..	..	..	..	..	2	1	2	
26. Other Diseases of Liver, etc. ..	3	1	2	1	..	..	..	..	..	1	1	..	2	
27. Other Digestive Diseases ..	15	10	5	4	..	..	..	..	..	1	4	6	15	
28. Acute and Chronic Nephritis ..	25	15	10	1	..	..	..	..	1	..	8	15	9	
29. Puerperal Sepsis .. ..	1	..	1	..	..	..	..	..	..	1	..	..	2	
30. Other Puerperal Causes ..	1	..	1	..	..	..	..	..	1	..	..	..	1	
31. Congenital Debility, Pre-mature Birth, Malformation, etc. ..	40	21	19	40	..	..	..	..	..	..	..	..	17	
32. Senility .. .. .. ..	146	67	79	..	..	..	..	..	..	4	142	57		
33. Suicide .. .. .. ..	14	9	5	..	..	..	..	..	..	3	10	1	1	
34. Other Violence .. .. ..	31	22	9	1	..	..	1	5	4	9	11	..	19	
35. Other Defined Causes ..	67	43	24	3	2	2	2	6	10	24	18	..	50	
36. Causes ill-defined or unknown .. .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Totals .. .. .. ..	1067	600	467	86	18	19	23	39	98	297	487	478		
Sub-entries (included above)—														
Polio-encephalitis (in 35) ..	1	1	..	..	..	..	1	..	..	..	..	..	1	



TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1937.  
Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.		Under 1 week		1-2 weeks.		2-3 weeks.		3-4 weeks.		Total under 4 weeks.		1-3 Months.		3-6 Months.		6-9 Months.		9-12 Months.		Total Deaths under 1 year.		
	I	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total Deaths under 1 year.	
ALL CAUSES	Certified	33	5	1	3	42	9	16	11	8	86											
	Uncertified	..	..	..	..	..	..	..	..	..	..											
Measles	..	..	..	..	..	..	..	..	..	..	..										1	1
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..	3
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Influenza	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2	4
Tuberculosis of Nervous System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Intestines and Peritoneum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	5	4	14	..	..
Other Respiratory Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inflammation of the Stomach	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	7	3	1	12	..	..
Hernia, Intestinal Obstruction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	1	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	3
Congenital Debility and Sclerema	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	3
Icterus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Premature Birth	..	..	24	2	..	..	2	28	1	..	..	..	..	..	..	..	..	..	..	..	..	29
Injury at Birth	..	..	4	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4
Disease of Umbilicus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Atelectasis	..	..	..	..	1	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2
Suffocation—in bed or not stated how	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Other causes	..	..	..	2	..	..	1	..	..	3	..	1	3	..	..	2	..	..	..	..	..	9
<b>Totals</b>	..	..	33	5	1	3	42	9	16	11	8	86										

Nett Births in the year  $\left\{ \begin{array}{l} \text{Legitimate} \dots 1,422 \\ \text{Illegitimate} \dots 94 \end{array} \right\} 1,516$

Nett Deaths in the year of  $\left\{ \begin{array}{l} \text{Legitimate Infants} \dots 82 \\ \text{Illegitimate Infants} \dots 4 \end{array} \right\} 86$



TABLE V. (1937).

NETT DEATHS, i.e., DEATHS ACTUALLY BELONGING TO THE DISTRICT.  
LOCALITIES.

AGES.

CAUSES OF DEATH.		Alexandra	Central	Clee	Contes.	Hawthorn	Humber	North-East	South	South-West	Scarborough	Victoria	Wellsby	Wellow	Wellington	INSTITUTIONS				Total at all Ages	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up	
																General Dist. Hospital	Scarborough Infirmary	Corporation Hospital	Other Institutions										
All causes	Certified	56	39	71	14	51	52	31	84	41	19	39	60	44	68	92	230	62	14	1067	86	18	19	23	39	98	297	487	
	Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
1. Typhoid and Paratyphoid Fevers	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2. Measles	..	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	4	1	1	1	—	—	—	—	—		
3. Scarlet Fever	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	1	—	1	—	—	—	—		
4. Whooping Cough	..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3	—	4	3	—	1	—	—	—	—	—		
5. Diphtheria	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	—	1	3	1	—	—	—	—		
6. Influenza	..	3	1	1	—	6	3	2	2	1	1	1	—	2	2	1	2	2	—	30	4	3	1	1	2	1	5	13	
7. Encephalitis Lethargica	..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
8. Cerebro-spinal Fever	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—		
9. Tuberculosis of respiratory system	..	—	2	3	2	1	2	—	3	1	—	—	1	1	1	—	6	30	—	53	—	—	—	3	11	25	11	3	
10. Other Tuberculous Diseases	..	—	—	1	—	1	—	—	—	—	—	—	1	—	—	1	1	5	—	10	—	1	2	2	4	1	—	—	
11. Syphilis	..	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	9	—	—	11	—	—	—	—	—	2	8	1	
12. General Paralysis of the insane, tabes dorsalis	..	—	1	1	—	1	—	—	1	—	1	—	—	—	—	—	7	—	—	12	—	—	—	—	—	—	1	9	2
13. Cancer, Malignant Disease	..	6	5	10	1	10	5	1	9	7	2	1	4	8	10	10	28	3	—	120	—	—	—	—	—	8	54	58	
14. Diabetes	..	1	—	1	—	—	1	1	2	—	1	—	3	—	2	1	2	—	—	15	—	—	—	—	—	—	2	5	8
15. Cerebral Haemorrhage, etc.	..	7	6	8	—	4	3	5	14	3	4	7	11	7	7	2	22	—	—	110	—	—	—	—	—	1	2	35	72
16. Heart Disease	..	7	4	12	2	6	9	1	11	4	2	5	11	5	14	7	30	1	—	131	—	—	—	4	3	12	54	58	
17. Aneurysm	..	1	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	4	—	—	—	—	—	3	1	—	
18. Other circulatory diseases	..	1	3	3	—	—	—	—	4	1	1	3	—	2	1	3	4	—	1	27	1	—	1	—	2	8	4	11	
19. Bronchitis	..	3	3	4	2	3	10	3	2	2	1	5	5	3	4	2	12	—	—	64	—	—	1	1	1	1	18	42	
20. Pneumonia (all forms)	..	6	4	5	—	2	8	4	8	3	1	1	3	1	3	3	20	3	—	75	14	8	5	4	—	10	19	15	
21. Other respiratory diseases	..	1	—	—	—	—	1	—	—	—	—	2	—	1	1	—	2	1	—	9	—	—	1	—	—	—	3	5	
22. Peptic Ulcer	..	—	—	—	—	—	—	—	—	—	1	—	2	—	—	7	—	—	—	10	—	—	—	—	—	3	4	3	
23. Diarrhoea, etc.	..	1	1	—	2	—	—	1	1	1	—	1	—	—	1	2	4	1	—	16	12	1	1	—	—	1	1	—	
24. Appendicitis	..	—	—	—	—	—	—	—	1	—	—	—	1	—	—	4	1	—	—	7	—	—	—	2	2	1	2	—	
25. Cirrhosis of Liver	..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	3	—	—	—	—	—	—	2	1	—
26. Other diseases of liver, etc.	..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	3	1	—	—	—	—	1	1	—	
27. Other digestive diseases	..	—	—	2	1	—	—	—	1	—	—	—	—	—	—	10	1	—	—	15	4	—	—	—	—	1	4	6	
28. Acute and Chronic Nephritis	..	2	—	5	—	—	—	1	2	2	—	1	1	2	2	—	7	—	—	25	1	—	—	—	—	1	—	8	15
29. Puerperal Sepsis	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	
30. Other puerperal causes	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—		
31. Congenital Debility, premature birth, malformations, etc.	..	2	2	1	—	1	3	1	6	2	1	2	—	—	3	3	1	—	12	40	40	—	—	—	—	—	—		
32. Senility	..	10	4	8	1	10	3	6	10	8	2	5	10	8	7	1	53	—	—	146	—	—	—	—					



TABLE VI.—TOTAL DEATHS BY CAUSE AND AGE IN THE COUNTY BOROUGH OF GRIMSBY, 1937.

(This List prepared by the Registrar-General is included in the Report at the request of the Ministry of Health).

TABLE VII.

TABLE SHOWING ACREAGE, POPULATION, DENSITY, BIRTH AND DEATH RATES,  
AND INFANTILE DEATH RATES IN WARDS, 1937.

Ward.	Acreage.	*Estimated Population.	Density.	Birth Rate per 1000.	† Death Rate per 1000.	Infantile Death Rate per 1000 Births
Alexandra	315	7,800	24	13.0	7.1	88
Central	86	6,300	73	14.3	6.2	44
Clee	370	10,950	29	13.2	6.4	55
Coates	266	3,150	11	18.4	4.4	86
Hainton	116	5,800	50	10.7	8.8	48
Humber	109	8,300	76	20.9	6.2	52
North-East	232	5,500	23	15.6	5.6	69
South	1822	10,100	5	28.1	8.3	53
South-West	79	6,000	76	22.0	6.8	45
Scarthoe	985	2,300	2	13.9	8.2	62
Victoria	128	6,100	48	17.7	6.3	83
Weelsby	678	7,600	11	9.3	7.9	14
Wellow	200	4,560	22	10.0	9.6	21
Wellington	82	8,300	101	15.1	8.2	63

\* Based on Registrar-General's estimate of total population.

† Excluding deaths occurring in Institutions in the Borough.

It will be noted that the death-rate is highest in the Wellow and Hainton Wards.

The infantile mortality rate is highest in the Alexandra Ward, followed closely by the Coates and Victoria Wards. Last year the infant mortality rate was lowest in the Weelsby and Central Wards ; this year it is lowest in the Weelsby and Wellow Wards.

It must be appreciated that there will be wide fluctuations in the figures in small areas such as these.

TABLE VIII.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH RATES, AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1937.

(England and Wales, London, 125 Great Towns and 148 Smaller Towns).  
(*Provisional figures based on Weekly and Quarterly Returns*).

	ENGLAND and WALES.	125 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident populations 25,000 to 50,000 at 1931 Census).	London Administrative County.	GRIMSBY, C.B.
Rates per 1,000 population.					
<i>Births</i> :—					
Live	14.9	14.9	15.3	13.3	16.3
Still	0.60	0.67	0.64	0.54	0.59
<i>Deaths</i> :—					
All causes	12.4	12.5	11.9	12.3	12.3*
Typhoid and Paratyphoid fevers	0.00	0.01	0.00	0.00	0.00
Small-pox	—	—	—	—	—
Measles	0.02	0.03	0.02	0.01	0.04
Scarlet fever	0.01	0.01	0.01	0.01	0.02
Whooping cough	0.04	0.04	0.03	0.06	0.04
Diphtheria	0.07	0.08	0.05	0.05	0.05
Influenza	0.45	0.39	0.42	0.38	0.32
Violence	0.54	0.45	0.42	0.51	0.48
<i>Notifications</i> :—					
Small-pox	0.00	—	0.00	—	—
Scarlet fever	2.33	2.56	2.42	2.09	2.31
Diphtheria	1.49	1.81	1.38	1.93	0.92
Enteric fever	0.05	0.06	0.04	0.05	0.01
Erysipelas	0.37	0.43	0.34	0.44	0.15
Pneumonia	1.36	1.58	1.20	1.18	0.86
Rates per 1,000 Live Births.					
Deaths under 1 year of age	58	62	55	60	57
Deaths from Diarrhoea and Enteritis under 2 years of age	5.8	7.9	3.2	12.0	8.5
<i>Maternal Mortality</i> :—					
Puerperal sepsis	0.97	Not available.			0.66
Others	2.26				0.66
Total	3.23				1.32
Rates per 1,000 Total Births ( <i>i.e.</i> Live and Still).					
<i>Maternal Mortality</i> :—					
Puerperal sepsis	0.94	Not available.			0.63
Others	2.17				0.63
Total	3.11				1.26
<i>Notifications</i> :—					
Puerperal fever	13.93	17.59	11.52	4.15	3.81
Puerperal pyrexia	13.93	17.59	11.52	14.34	19.73

\* Adjusted death-rate.

TABLE IX.

RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT GRIMSBY, DURING THE YEAR ENDED THE 31ST DECEMBER, 1937.

	Syphilis		Soft Chancre		Gono-rrhœa		Conditions other than Venereal.		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	To'tls
1. Number of cases on 1st January, under treatment or observation ..	129	108	—	—	74	24	22	6	225	138	363
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ..	9	8	—	—	1	1	—	—	10	9	19
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary .. ..	16	—	—	—	—	—	—	—	16	—	16
"    secondary .. ..	16	3	—	—	—	—	—	—	16	3	19
"    latent in 1st year of infection .. ..	1	4	—	—	—	—	—	—	1	4	5
"    all later stages .. ..	44	28	—	—	—	—	—	—	44	28	72
"    congenital .. ..	6	11	—	—	—	—	—	—	6	11	17
Soft Chancre .. .. ..	—	—	3	—	—	—	—	—	3	—	3
Gonorrhœa 1st year of infection .. .. ..	—	—	—	—	172	32	—	—	172	32	204
"    later .. .. ..	—	—	—	—	26	3	—	—	26	3	29
Conditions other than venereal .. .. ..	—	—	—	—	—	—	113	51	113	51	164
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection .. .. ..	39	2	—	—	23	4	1	—	63	6	69
Totals of Items 1, 2, 3 and 4 ..	260	164	3	—	296	64	136	57	695	285	980
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal .. .. ..	8	9	—	—	60	16	111	44	179	69	248
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from :—											
Syphilis, primary .. ..	3	—	—	—	—	—	—	—	3	—	3
"    secondary .. ..	1	—	—	—	—	—	—	—	1	—	1
"    latent in 1st year of infection .. ..	1	2	—	—	—	—	—	—	1	2	3
"    all later stages .. ..	30	16	—	—	—	—	—	—	30	16	46
"    congenital .. ..	3	10	—	—	—	—	—	—	3	10	13
Soft Chancre .. .. ..	—	—	—	—	—	—	—	—	—	—	
Gonorrhœa, 1st year of infection .. .. ..	—	—	—	—	39	11	—	—	39	11	50
"    later .. .. ..	—	—	—	—	1	—	—	—	1	—	1
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure ..	2	3	—	—	10	—	—	—	12	3	15
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ..	74	9	3	—	96	5	3	—	176	14	190
Died .. .. ..	7	1	—	—	—	—	—	—	7	1	8
9. Number of cases remaining under treatment or observation on 31st December .. .. ..	131	114	—	—	90	32	22	13	243	159	402
Totals of Items 5, 6, 7, 8 & 9	260	164	3	—	296	64	136	57	695	285	980

TABLE IX.—continued.

	Syphilis		Soft Chancre		Gono- rrhoea		Conditions other than Venereal.		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	To'sls
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary .. ..	1	—	—	—	—	—	—	—	1	—	1
" secondary .. ..	1	—	—	—	—	—	—	—	1	—	1
" latent in 1st year of infection .. ..	1	2	—	—	—	—	—	—	1	2	3
" all later stages .. ..	10	5	—	—	—	—	—	—	10	5	15
" congenital .. ..	1	3	—	—	—	—	—	—	1	3	4
11. Number of attendances :—											
(a) for individual attention of the medical officers .. ..	2251	2101	23	—	1722	633	507	161	4503	2895	7398
(b) for intermediate treatment, e.g., irrigation, dressing .. ..	128	28	26	—	5480	1281	568	8	6202	1317	7519
Total Attendances .. ..	2379	2129	49	—	7202	1914	1075	169	10705	4212	14917
12. In-Patients :—											
(a) Total number of persons admitted for treatment during the year .. ..	—	—	—	—	—	—	—	—	—	—	—
(b) Aggregate number of "in-patient days" of treatment given .. .. ..	—	—	—	—	—	—	—	—	—	—	—
	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods .. .. ..	1	—	—	1	2	1	3	9	6	11	
	Arsenical										
	Approved Arsenobenzene Compounds				Others				Bismuth		
14. Chief preparations used in treatment of Syphilis :—											
(a) Names of preparations .. ..	Novostab (Boots) Sulphostab .. Stabalarsan .. Khaersulphan .. (B. W. & Co.)				Tryparsamide (May & Baker)				Bismostab (Boots) ! Quinostab .. Chlorostab ..		
(b) Total number of injections given (out-patients and in-patients) .. .. ..	1576				298				2737		
15. PATHOLOGICAL WORK :—	Microscopical.		Cultural for Gonorrhœa		Serum		Cerebro spinal fluid		Others for diagnosis of Venereal Disease		
(a) Number of specimens examined at and by the medical officer of the treatment centre	for Syphilis	for Gonorrhœa	for Gonorrhœa	for Syphilis	for Gonorrhœa	for Syphilis	for Gonorrhœa	Nil	Trichomonas Vaginalis Nil		
(b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory .. ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	102		
	45	792	384	916	499	37					

TABLE IX.—continued.  
STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

TABLE X.  
BACTERIOLOGICAL EXAMINATIONS, 1937.

<i>Throat Swabs for Diphtheria :—</i>		Positive.	Negative.	Total.
Grimsby Corporation Hospital .. ..	728	1848	2576	
Private Practitioners .. ..	25	208	233	
Scarthoe Road Infirmary .. ..	1	27	28	
School Clinic .. ..	5	39	44	
Tuberculosis Dispensary .. ..	—	4	4	
Contacts .. ..	4	48	52	
<i>Sputum for Tubercl Bacilli :—</i>				
Grimsby Corporation Hospital .. ..	157	308	465	
Private Practitioners .. ..	38	209	247	
Tuberculosis Dispensary .. ..	36	244	280	
Scarthoe Road Infirmary .. ..	7	66	73	
	1001	3001	4002	
<i>Milk Examinations by Mr. Hines :—</i>				
Milk examined for Tubercl Bacilli ..	6	18	24	
Milk examined for B. Abortus ..	1	9	10	
	1008	3028	4036	
<i>Specimens sent to Outside Laboratories :—</i>				
Haemolytic Streptococci .. ..	11	28	39	
Cerebro-spinal Fluid .. ..	1	1	2	
Widal Reaction .. ..	—	3	3	
Diphtheria Bacilli .. ..	—	2	2	
Examination for Tubercl Bacilli ..	—	8	8	
Examinations for Typhoid and Para-typhoid .. ..	—	4	4	
Examinations for Food Poisoning ..	3	19	22	
Pleural Fluid .. ..	—	4	4	
Examinations for Ringworm .. ..	—	1	1	
<i>Bacteriological Examinations of Milk sent to Outside Laboratories .. ..</i>	14	74	88	
<b>Totals .. ..</b>	<b>1037</b>	<b>3172</b>	<b>4209</b>	

TABLE XI.  
ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1937, FOR THE  
COUNTY BOROUGH AND PORT OF GRIMSBY.

On the administration of the Factory and Workshop Act, 1901, in connection  
with **FACTORIES, WORKSHOPS AND WORKPLACES.**

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Inspections. (2)	Notices. (3)	Occupiers prosecuted. (4)
Factories (including Factory Laundries) ..	232	7	—
Workshops (including Workshop Laundries) ..	1244	128	—
Workplaces (other than Outworkers' Premises) ..	1185	30	—
Total .. .. ..	2661	165	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Found. (2)	Number of Defects. Remedied. (3)	Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
Nuisances under the Public Health Acts :—				
Want of cleanliness .. .. ..	105	105	—	—
Want of ventilation .. .. ..	5	5	—	—
Overcrowding .. .. ..	—	—	—	—
Want of drainage of floors .. .. ..	21	21	—	—
Other nuisances .. .. ..	113	113	—	—
Sanitary accommodation				
insufficient .. ..	11	10	—	—
unsuitable or defective .. ..	23	19	—	—
not separate for sexes .. ..	—	—	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bake- house (s. 101) .. .. ..	..	None in Borough and Port		
Other offences .. .. ..	..	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).				
Total .. .. ..	278	273	—	—

Outwork in Unwholesome Premises, Section 108.—Nil.

